



PTO REIMBURSEMENT FORM 2021-22 SCHOOL YEAR

1. AMOUNT: _____ 2. DATE _____

3. PAYEE: (This is who the check will be made out to) _____

PAYEE ADDRESS: _____

PAYEE PHONE & EMAIL: _____

Please check box if payee has moved since last reimbursement:

4. YOUR NAME (if different from the payee above): _____

YOUR ADDRESS: _____

YOUR PHONE & EMAIL: _____

5. PURPOSE OF EXPENSE: _____

6. BUDGET CATEGORY (Please circle one below. If multiple activities are included on this request for reimbursement, please list reimbursement amounts next to budget category)

A. Administrative: _____

B. Art Appreciation Program

C. Big Hearts/Little Hands

D. Book Fair

E. Chess Club

F. Enrichment _____

G. Family Reading Night

H. Fourth Grade Breakfast

I. Fourth Grade Science Club

J. Fun Lunch

K. Green 4 Good

L. Hospitality: Event _____

M. Ice Cream Social

N. Kindly Wizards Service Club

O. Pancake Breakfast

P. Room Parenting (Circle One):

Parent Social or Room Party

Q. School Pictures

R. Science Festival

S. Spirit Sales

T. Staff Appreciation: Event _____

U. Teacher Project Grants

V. Welcome Wagon

W. Yearbook

X. Other: Be Specific _____

7. RECEIPTS: All receipts that relate to this reimbursement request MUST be included. You can submit this form and copies of your receipts electronically by emailing the treasurers. If you have any questions, please email Carrie Ryan and Ursula Canli at willardPTOtreasurer@gmail.com

=====For Treasurer Use Only =====

Entered Date: _____ Del. By Date: _____ Check #: _____