



PTO REIMBURSEMENT FORM 2023-24 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. BRIEF DESCRIPTION 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. Big Hearts/Little Hands

C. Chess Club

D. Connect4Kids

E. Enrichment

F. Family Care Committee

G. Family Reading Night

H. Field Day

I. Field Trips

J. Fourth Grade Recognition

K. Fourth Grade Science Club

L. Fun Lunch (Circle One):
Food or Supplies

M. Green4Good

N. Hospitality/Staff Appreciation: Please
specify event _____

O. Ice Cream Social

P. Kindly Wizards Service Club

Q. Room Parenting (Circle One):

Parent Social or Room Party

R. Spirit Wear

S. STEAM Night

T. Teacher Project Grants

U. Welcome Wagon

V. Yearbook

W. Young Authors Conference

X. Other: Please Specify

7. RECEIPTS: All receipts MUST be included. You can submit this form electronically, with copies of your receipts, by emailing the treasurer, or physically by delivering to the treasurer cubby in the office. If you have any questions, please email WillardPTOtreasurer@gmail.com.

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

Entered Date: _____ Check arrival date: _____ Check #: _____