

# PTO Reimbursement Form

Complete form and attach original receipts marked PTO Treasurer and place in the Treasurer drawer in the mailroom. Allow two weeks for reimbursement.

Questions: [hollymeadptotreasurer@gmail.com](mailto:hollymeadptotreasurer@gmail.com)

Name \_\_\_\_\_ Date \_\_\_\_\_

Can we use the school mailing address to mail your check? Yes No

Mailing address if not school:

\_\_\_\_\_

Check payable to (if different): \_\_\_\_\_

Expense description: \_\_\_\_\_

\_\_\_\_\_

What are the purchases being used for: \_\_\_\_\_

\_\_\_\_\_

Total Reimbursement Amount: \_\_\_\_\_

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Office Use Only

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

PTO Approval Person (if needed): \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Amount Approved: \_\_\_\_\_