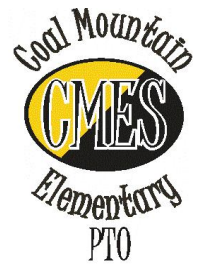


# Reimbursement Request



Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Project/Category \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date Mailed \_\_\_\_\_

Reason for Reimbursement \_\_\_\_\_

Included in Annual Budget \_\_\_\_\_ OR \_\_\_\_\_ Approved at Meeting (date) \_\_\_\_\_

Check Payable To \_\_\_\_\_ Amount \_\_\_\_\_

Full Address \_\_\_\_\_

This section to be completed by person requesting Reimbursement from the Coal Mountain Elementary School PTO. Receipt(s) totaling the amount of reimbursement must be attached. Form must be signed by Committee Head and/or Board Member responsible for project, category or event.

## Authorization

Approved By (Committee Chair)	Date
Approved By (PTO Officer)	Date
Approved By (PTO Officer)	Date

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For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_