

Reimbursement Request



This form is to be used for expenses incurred for PTO events/activities that are eligible for reimbursement.

Original receipts must be attached and submitted within 45 days of the expense

Your Name:	Phone/Email:
Event/Activity:	
Date Submitted:	Amount (taxes paid will not be reimbursed):
Reason/Description of Expense:	
Check payable to:	
Address and preferred delivery method (mailed, sent home with child, etc):	
Chairperson for Event (if applicable):	

Comments/Notes:

All checks require two signatures, so please allow 2 weeks for processing. If the request is time sensitive, please contact the Treasurer at treasurer@ofrspto.org. Please attach receipts and leave completed forms in the yellow Treasurer's folder in the PTO mailbox or leave it at the Main Office in an envelope marked to PTO Treasurer. Thank you

For Treasurer Use Only	
Check # _____	Category of Expense _____
Check Date: _____	Amount \$ _____
Initials: _____	Log Date: _____