

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):
Description of Expense:	
Check payable to:	
Address and/or preferred delivery method (mailed, sent home with child, put in teacher mailbox etc):	

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.

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