

# Reimbursement Request



This form is to be used for expenses incurred for PTO events/activities.

**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, contact the Treasurer at [treasurer@ofrspto.org](mailto:treasurer@ofrspto.org). Please leave any completed forms with receipts in the yellow Treasurer's folder in the PTO mailbox or leave at the Main Office in an envelope marked to PTO Treasurer. Thank you

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