

# PTO REQUEST FOR REIMBURSEMENT FORM

Teacher staff allocation or parent/staff reimbursement

\*\*\*Please attach supporting documentation for all requests\*\*\*

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Contact info (if there are questions): \_\_\_\_\_

Payable to: \_\_\_\_\_

Return check to: school mail box mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PTO Account (if known) \_\_\_\_\_

(Please indicate breakdown if from multiple accounts)

General description/purpose: \_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_

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