

Pleasant Local PTO

Reimbursement Request Form

Attn: PTO Treasurer

NAME: _____ DATE: _____

REIMBURSEMENT FOR: _____

AMOUNT REQUESTED: _____

PRIOR APPROVAL: YES NO

(if yes, approved by : _____)

Payment Information:

Name: _____

Address: _____

Phone Number: _____

RECEIPTS/COPY OF RECEIPTS ATTACH HERE OR SCAN

PTO BOARD USE ONLY:

APPROVED: _____ DATE: _____ AMOUNT: _____

DENIED: _____ DATE: _____ AMOUNT: _____

APPROVED/DENIED BY: _____