

# Reimbursement Request

Cushing Elementary School PTO

Your Name:	Phone:
Project/Category:	
Date Submitted:     /     /	Date Mailed:     /     /
Reason for Reimbursement:	
<input type="checkbox"/> Included in Annual Budget   or <input type="checkbox"/> Approved at Meeting (Date:     /     /     )	
Check Payable To:	Amount: \$
Full Address (Your check will be mailed to you):	

Receipt(s) totaling the amount of reimbursement must be attached.

Approved By (PTO Officer):	Date:
Approved By (PTO Officer):	Date:

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For Treasurer's Use Only:   Category: \_\_\_\_\_   Check #: \_\_\_\_\_   Date: \_\_\_\_\_   Logged: \_\_\_\_\_