

Reimbursement Request

Indian Ridge Middle School PTO

NAME:		PHONE:	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE MAILED:	
REASON FOR REIMBURSEMENT:			
INCLUDED IN ANNUAL BUDGET		or	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 included.

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____