

Reimbursement Request

Green Brook 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.

SIGNATURE OF REQUESTOR DATE

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

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