

# Reimbursement Request Form ~Chatham PTO~

**\*In order to receive reimbursement, this form MUST be submitted within 1 WEEK OR ON THE DAY OF THE EVENT SINCE ALL PURCHASES WILL HAVE BEEN MADE**

|              |                        |                   |
|--------------|------------------------|-------------------|
| <u>EVENT</u> | <u>DATE SUBMITTED:</u> | <u>AMOUNT:</u> \$ |
|--------------|------------------------|-------------------|

|                          |               |
|--------------------------|---------------|
| <u>CHECK PAYABLE TO:</u> | <u>PHONE:</u> |
| <u>FULL ADDRESS:</u>     |               |

**1) Receipts itemized & totaled:** If more than 4 receipts please do this itemizing on the back!

| <u>RECEIPTS</u>      | <u>AMOUNT:</u> |
|----------------------|----------------|
| Receipt 1            |                |
| Receipt 2            |                |
| Receipt 3            |                |
| Receipt 4            |                |
| <b><u>TOTAL:</u></b> |                |

|                                   |              |
|-----------------------------------|--------------|
| <u>APPROVED BY (PTO OFFICER):</u> | <u>DATE:</u> |
|-----------------------------------|--------------|

|                                   |    |                           |
|-----------------------------------|----|---------------------------|
| _____ : INCLUDED IN ANNUAL BUDGET | OR | _____ APPROVED AT MEETING |
| <u>DATE:</u>                      |    |                           |

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For Treasurer's Use Only:

Category \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_