

# 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> \$
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<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>	

<b>APPROVED BY (PTO OFFICER):</b>	<b>DATE:</b>
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_____ : INCLUDED IN ANNUAL BUDGET	OR	_____ APPROVED AT MEETING
<u>DATE:</u>		

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For Treasurer's Use Only:

Category \_\_\_\_\_

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

Date \_\_\_\_\_