



# Wards Creek Elementary School PTO

## Reimbursement Request

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Date of Request:

\_\_\_\_\_

Person Requesting Reimbursement:

\_\_\_\_\_

Amount of Request:

\$ \_\_\_\_\_

Event/Reason for Request:

\_\_\_\_\_

Make Check Payable To:

\_\_\_\_\_

Address to Mail Check (if applicable):

\_\_\_\_\_

Requester Signature: \_\_\_\_\_

*For Treasurer Use Only*

PTO Officer Approval \_\_\_\_\_

Check #:

\_\_\_\_\_

Date Paid:

\_\_\_\_\_

Budget Line Charged:

\_\_\_\_\_

***All Receipts/Invoices Must Be Attached***