## Reimbursement Request

YOUR NAME:	PHONE:				
			( )		_
PROJECT/CATEGORY:			7		
DATE SUBMITTED:		DATE MA	NLED:	/	
REASON FOR REIMBURSEMENT:			/	/	
INCLUDED IN ANNUAL BUDGET	or		APPROVED AT (DATE: /	MEETING / )	<u> </u>
CHECK PAYABLE TO:			AMOUNT:		
FULL ADDRESS: (Your check will be mailed to	you.)				
Receipt(s) totaling the amount of reimbo	ursement must be atta	ched.			
APPROVED BY (PTO OFFICER):			DATE:	/	/
APPROVED BY (PTO OFFICER):			DATE:	/	/
or Treasurer's Use Only: Category	Check #	Date	Logged		

**PTO**today.