

WILLIAM PENN ELEMENTARY PTO REIMBURSEMENT REQUEST FORM

COMMITTEE NAME: _____

DATE OF ACTIVITY: _____ AMOUNT: _____

REASON FOR REQUEST: _____

****Please attach all receipts and invoices with qualifying items highlighted or circled.
Requests should be turned in no later than 30 days past your event.**

NAME OF REQUESTER: _____

EMAIL: _____ PHONE #: _____

MAKE CHECK PAYABLE TO: _____

METHOD OF RETURN:

_____ Please send home with my child: _____
child's name, teacher & grade

_____ Please mail to my home: _____
full mailing address

PLEASE SUBMIT FORM TO: PTO MAILBOX/TREASURER

PTO use only

Check #: _____ date issued: _____

Treasurer's signature: _____

Budget Category: _____