



## Oak Hills Elementary PTO REQUEST FOR REIMBURSEMENT

Request Date: \_\_\_\_\_ Request Amount: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Please check description that applies:

\_\_\_\_\_ Single Room Party (Teacher's Name): \_\_\_\_\_

\_\_\_\_\_ Multi-Room Party (List ALL Teacher's Names): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other (Please provide description of the purchase and what it is for):

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH ALL RECEIPTS AND DOCUMENTATION AND PLACE IN THE  
TREASURER'S FOLDER (REQUEST FOR REIMBURSEMENT) IN THE PTO DRAWER.**

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*Treasurer Use Only*

Check Date \_\_\_\_\_ Check Number \_\_\_\_\_ Check Amount \_\_\_\_\_

Expense Category: \_\_\_\_\_

Check delivered/mailed date: \_\_\_\_\_ Treasurer's Signature \_\_\_\_\_