Oak Hills Elementary PTO
REQUEST FOR REIMBURSEMENT

Request Date: _____ Request Amount: _____

Requestor's Name: _____

Phone/email: _____

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 purchase and what it is for):

_____

_____

Please include all receipts. Completed forms may be placed in the PTO box in the front office or emailed to treasurer@oakhillspto.org. Thank you!

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Treasurer Use Only

Check Date_____ Check Number _____ Check Amount _____

Expense Category: _____

Check Delivered/Mailed Date: _____ Treasurer's Signature _____