

Scholls Heights PTO Expense Reimbursement Request Form

Please turn in completed form with original receipts or legible copies to PTO Treasurer's Box located with Staff Mailboxes. Reimbursement requests turned in by Friday of each week should be processed & check distributed by Friday of the following week.

**THE REIMBURSEMENT PROCESS MAY BE DELAYED WITHOUT ORIGINAL
RECEIPTS OR LEGIBLE COPIES OF RECEIPTS**

Date: _____

Requester Name: _____

Check Payable to: _____

Activity/Committee/Budget Category: _____

Description of Expense(s):

AMOUNT REQUESTED: \$ _____

If prompt processing is needed, indicate date: **** _____ ****

Committee Budget Before Expense: \$ _____ After Expense: \$ _____

Check Delivery (Please complete one)

Please Mail To: _____

Please Send Home with:

Child's Name: _____ Teacher: _____

FOR PTO USE ONLY

Receipts Rec'd: Y or N Budget Category: _____ Check # _____ Date _____