

Reimbursement Request

Hidden River Middle School PTO

YOUR NAME:		PHONE:	
		() -	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE MAILED:	
/ /		/ /	
REASON FOR REIMBURSEMENT:			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET		or <input type="checkbox"/> APPROVED AT MEETING (DATE: / /)	
CHECK PAYABLE TO:		AMOUNT:	
		\$	
FULL ADDRESS: (Your check will be mailed to you.)			

Receipt(s) totaling the amount of reimbursement must be attached.

APPROVED BY (PTO OFFICER):	DATE:
	/ /
APPROVED BY (PTO OFFICER):	DATE:
	/ /

For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____