



REIMBURSEMENT REQUEST
(Check will be mailed unless otherwise specified)

Date: _____

Name: _____

Address: _____

City & Zip _____

Committee Name: _____

Purpose of Expense: _____

Itemized Receipts (Please attach all receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Requested: \$ _____

For PTSO Use Only: _____

Budget Category: _____

Date Paid : _____ Amount \$ _____ Check # _____

PTSO Officer Signature: _____