

Reimbursement Request

Carpenter PTC

YOUR NAME:		PHONE:	
		() -	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE MAILED:	
/ /		/ /	
REASON FOR REIMBURSEMENT:			
* <input checked="" type="checkbox"/> PTC WILL COMPLETE <input type="checkbox"/> INCLUDED IN ANNUAL BUDGET or <input type="checkbox"/> APPROVED AT MEETING (DATE: / /)			
CHECK PAYABLE TO: (if you'd like mailed vs. placed in your school mailbox)		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 _____