

St. John's Catholic School PTO Reimbursement Form

Date: _____
 Committee: _____
 Name: _____
 Email: _____
 Phone: _____

Reimbursement Check:
 Pick up from school office.
 Pick up at next PTO meeting.
 Mail to:

Procedures:

Tape the original detailed receipt for each purchase to the back of this form or to another sheet of paper. Please do not staple receipts to this form. Circle or highlight the amounts on each receipt requested for reimbursement.

Place this completed form and receipts in an envelope addressed to PTO Treasurer, and put in the PTO mail box located in the front office.

Please photocopy your reimbursement request and receipts for your own records.

Committee members must submit their reimbursement request within 30 days of conclusion of the committee event.

Date of Purchase	Description (Vendor + Item Desc./Purpose of Expense)	Total Amount
Total Due:		

Questions? _____
 email: _____
 Home: _____
 Cell: _____