

Reimbursement Request

Geneva Middle School North PTO

YOUR NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	DATE MAILED:
REASON FOR REIMBURSEMENT:	
<input type="radio"/> INCLUDED IN ANNUAL BUDGET	or <input type="radio"/> 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 included.

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

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____