

# REIMBURSEMENT REQUEST

## Bancroft PTO

Place completed form+receipts/bills in PTO mailbox at Bancroft School, to the attention of Treasurer

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE (     )     -

BUDGET CATEGORY (use separate forms for each budget category)

ITEMS/SERVICES FOR WHICH REIMBURSEMENT IS REQUESTED<sup>1</sup>

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INCLUDED IN ANNUAL BUDGET

OR

APPROVED AT MEETING (DATE:   /   /   )

CHECK PAYABLE TO \_\_\_\_\_

AMOUNT

\$

FULL ADDRESS (A check will be mailed)/PAYMENT INSTRUCTIONS<sup>2</sup>

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APPROVED BY \_\_\_\_\_ DATE     /     /

<sup>1</sup> Receipt(s) totaling the amount of reimbursement must be attached.

<sup>2</sup>If this is a bill that needs to be paid, attach the bill to this form or indicate how the bill will be received by treasurer

FOR TREASURER'S USE ONLY

COMMENTS \_\_\_\_\_

CHECK# \_\_\_\_\_ DATE     /     /

LOGGED