

**PTO Treasurers Reimbursement Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Please \_\_\_\_\_ mail my check to: \_\_\_\_\_

\_\_\_\_\_ I'll pick up my check in the Haisley Office

Description of expense or budget line item: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*ITEMIZED RECEIPTS MUST BE ATTACHED IN ORDER TO BE REIMBURSED\*\*\*\*\*

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