

Bear Tavern Elementary School PTO
Reimbursement Request

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Full Address _____

Your check will be mailed to you.

Date Mailed _____

Project/Account _____ Amount \$ _____

Reason for Reimbursement _____

***Original receipt/invoice(s) totaling the amount of reimbursement
must be attached.***

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Date _____