

Reimbursement Request

Mars Elementry PTO, Inc.

Your name:	Phone:
Project/Category:	
Date submitted:	Date mailed:
Reason for reimbursement:	
Check payable to:	Amount:
Full address (if you want the check mailed to you)	

*Receipts totaling the amount must be attached

Approved by (PTO officer)	Date:
Approved by (PTO officer)	Date:

For Treasurers use only: Category _____ Check # _____ Date _____