



# Mars Elementary PTO Reimbursement Request

<b>First &amp; Last Name</b>	
<b>Phone Number</b>	
<b>Project/Category</b>	
<b>Reason for Reimbursement</b>	
<b>Date Reimbursement Request Submitted</b>	
<b>Who should check be made payable to?</b>	
<b>Check Amount</b>	
<b>Address of Payee</b>	
<b>Date Check Mailed (PTO Treasurer)</b>	

\*Receipts totaling the check amount must be attached to this form.

<b>Approved by (PTO Executive)</b>		<b>Date</b>	
<b>Approved by (PTO Executive)</b>		<b>Date</b>	

For PTO Treasurer Use Only:    **Category:** \_\_\_\_\_    **Check #:** \_\_\_\_\_    **Date:** \_\_\_\_\_