



Peck Place School PTO

Expense Reimbursement Form



Requestor's Information

Full Name	
Address	
Phone Number	
Email Address	
Child(ren) Name(s)	
Child(ren) Teacher(s)	

Reimbursement Information

Date of Request		Date(s) of Expenses	
Requested Amount		# of Receipts Attached	
Committee/Event to be Charged			
Grade to be Charged (If Applicable)			

If this request is not submitted by a Committee Chairperson, approval of the Chair is required below.

I, _____, as Chair of the _____ Committee/Event/Fundraiser, approve the expenses requested above and confirm that reimbursement of this request should not exceed our budget.

Signature _____

Date _____

Please return completed form and receipts to PTO Treasurer via the PTO Mailbox.

Reimbursements cannot be paid without receipts, per the Peck Place School PTO By-Laws.

Reimbursements will either be mailed to your home or sent home in your child's backpack.

Treasurer Initials _____ Check # _____ Amount Paid _____ Date Paid _____