



PTO Expense Reimbursement Form

500 Peck Lane
Orange, CT 06477
203-891-8034

Requestor's Information

First + Last Name	
Street, City, State, Zip	
Phone Number	
Email Address	
Child(ren) Name(s)	
Child(ren) Teacher + Grade	

Reimbursement Information

Date of Request	
Date(s) of Expense(s)	
Requested Amount	
How Many Receipts Attached	
Committee / Event Charged	
Grade Charged (if applicable)	

If not submitted by Committee Chairperson – approval from Chair is required

I, _____ as Chair of the _____
Committee / Event / Fundraiser, approve of the requested expense and confirm
the reimbursement of expense should not exceed our budget

Signature: _____

Date: _____

**Return Complete Form to PTO Treasurer via the PTO Mailbox
Reimbursements will be mailed to your home address**

****REMINDER: REIMBURSEMENTS CANNOT BE PAID WITHOUT RECEIPTS****

The Peck Place School PTO, Inc. By-Laws

Treasurer Initials

Check #

Amount Paid

Date Paid