**Pine Island PTO Reimbursement Form**

*Please complete the following*

Date of Request

Name of Requestor

Email Phone

*Make Check Payable to*

Address

Check Amount

Description of purchase/items:

|  |
| --- |
|  |
|  |
|  |
|  |

Name of event or budget item

Requestors Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All receipt(s) must be MUST be attached to this form if items have already been purchased. If purchase has been approved but not yet made, please submit receipts to treasurer as soon as possible.

**TREASURER USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Date Received** | **Check#** | **Check Amount** |
| **Approved By** | **Treasure’s Initials** | **Date delivered** |