



Victory Elementary PTO
Reimbursement Request

Your Name: _____ Phone: _____

Committee/Event: _____

1st Account _____

Allocation/Amount _____

Add'l Account _____

Allocations/Amounts _____

Add'l Account _____

Allocations/Amounts _____

Date Submitted: _____

Date Needed: _____

Reason for Check: _____

Amount: \$ _____

Check Payable to: _____

Address of Payee: _____

Unless other arrangements are made, the check will be mailed.

Receipt(s) totaling the amount of reimbursement must be attached or the request will be denied. In accordance with our Bylaws, this form and receipts must be submitted within 45 days of the event.

Obtain appropriate handwritten signature below prior to submitting to Treasurer:

Approved by _____ Date _____
 (PTO Officer/Committee Chair other than requestor)

For Treasurer's Use Only

Accepted by _____ Date _____
 (PTO Treasurer)

Check #	Dated:	Total Check Amt:	Logged
Account allocation:			