

Reimbursement Request

Prairie Lane Elementary PTO

YOUR NAME:		PHONE:	
		() -	
COMMITTEE or EVENT:		DATE SUBMITTED:	
		/ /	
REASON FOR REIMBURSEMENT:			
MAKE CHECK PAYABLE TO:		AMOUNT:	
		\$	
MAILING ADDRESS: (Your check will be mailed to you from Chase Bank.)			
DO YOU USE CHASE QUICKPAY:		IF YES, EMAIL ADDRESS ASSOCIATED WITH QUICKPAY:	
YES OR NO			
SIGNATURE:			

*****All receipts totaling the amount of reimbursement MUST be attached*****

FOR TREASURER'S USE ONLY:

APPROVED BY (PTO OFFICER):		DATE:	
		/ /	
FINANCIAL STATEMENT CATEGORY:		AMOUNT:	
		\$	
DATE PAID:		DATE RECORDED:	
/ /		/ /	