



REIMBURSEMENT REQUEST

Trace Elementary Parent Teacher Organization (PTO)

YOUR NAME: _____

PHONE: _____

EMAIL: _____

DATE SUBMITTED: _____

Reimbursement Request form, along with receipts, can be submitted by:

- Emailing: treasurer@tracepto.com
- Drop off in PTO mailbox at the school office

PLEASE CHECK ONE:

Included in annual budget

Approved at Meeting (Date: _____)

Project/Category	Amount
_____	\$
_____	\$
_____	\$
TOTAL	\$

Receipt(s) totaling the amount of reimbursement must be attached.

CHECK PAYABLE TO: _____

FULL ADDRESS: _____

(Your check will be mailed to you)

APPROVED BY (PTO OFFICER)

Date

APPROVED BY (PTO OFFICER)

Date

For Treasurer's Use Only:

Category: _____	Check #: _____	Date: _____	Logged: _____
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