



# BURTON ELEMENTARY PTO REIMBURSEMENT FORM

ISSUE CHECK TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUESTED BY:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL/PHONE: \_\_\_\_\_

EXPENSES TO BE REIMBURSED: (Please attach all original receipts)

Date of Purchase	PTO Program/Description	Pre-Tax Amount	Tax Amount	Total Amount
<b>TOTALS:</b>				

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PTO Officer)

**INSTRUCTIONS:**

Reimbursement requests **MUST INCLUDE ALL RECEIPTS.**

Please submit request within 30 days of event or activity.

Staple all receipts to form and give to school front office or a PTO Officer.

If you have any questions please email: [ptoburtonelementary@gmail.com](mailto:ptoburtonelementary@gmail.com).

For Treasurer Use Only:

Included in budget: Y / N If no, explain approval: \_\_\_\_\_

Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Recorded: \_\_\_\_\_ Mailed: \_\_\_\_\_