



# Hyatts Middle School PTO

## Request for Reimbursement

*(Please submit within 30 days of expense)*

Person Making Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Event: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

| ITEM | PLACE OF PURCHASE | AMOUNT | CODING (Treasurer Use Only) |
|------|-------------------|--------|-----------------------------|
|      |                   |        |                             |
|      |                   |        |                             |
|      |                   |        |                             |
|      |                   |        |                             |
|      |                   |        |                             |
|      |                   |        |                             |
|      |                   |        |                             |

**Total Reimbursement:** \_\_\_\_\_

Event Chairperson's Signature: \_\_\_\_\_

**CHECK TO BE:**

\_\_\_\_\_ Mailed – Name & Address \_\_\_\_\_

\_\_\_\_\_ Sent Home With Child \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ Other – Please Specify \_\_\_\_\_

**NOTE: Forms must be completed and accompanied by receipts in order to be reimbursed. PTO expenses are exempt from sales tax and will not be paid or reimbursed. Tax exempt forms are available from the PTO Treasurer.**

**OFFICIAL USE:**

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_