

**Monroe Elementary School PTO
Reimbursement Request
(Receipt Required)**

Your Name: _____

Phone/e-mail: _____

Date of Reimbursement Request: _____

PTO Event: _____

Reason for Reimbursement: _____

Total Amount of Check: _____

Check Payable to: _____

Full Address (location for check to be mailed): _____

If you would prefer to receive your check via “backpack mail” please leave address above blank and provide your child’s name, teacher and room number:

Attach receipts to this form. NOTE: You must attach original receipts for reimbursement, not photocopies.

******this area of form to be completed by the Treasurer******

Included in annual budget _____ or approved at meeting date _____

Approved by (PTO Officer): _____

Budget Line _____ Check # _____ Date _____