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:

____________________________________________________

***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 ____________

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