

Tip Reimbursement form

Event _____

Restaurant _____

Check Total _____

Tip Amount (15 %) _____

Driver's Signature _____

(verifying tip amount received)

Person to be reimbursed _____

Phone number _____

Where should reimbursement check be sent (child's name/teacher's name) _____

***Attach original food receipt to this form and place in the PTO mailbox**

No tip should exceed \$50