

Swallow Union Elementary PTO

Reimbursement Request Form

Use this form to request reimbursement for approved expenses.

Your Name		Phone
Event Category # &/or Name		
Date Submitted	Date Needed	Check one: <input type="radio"/> Included in annual budget <input type="radio"/> Approved at meeting (mtg date:)
Description of Expenses		
Make Check Payable to		Total Reimbursement Amount
Full Mailing Address of Payee		

All reimbursement requests must have copies of receipts attached.

Event Coordinator Approval (Optional)	Date
PTO President Approval	Date
PTO Treasurer's Initials	Date
Date Check Mailed / Online Bill Pay Initiated	Check # / Date of Online Check

Email completed form along with receipts to swallowunionpto@gmail.com with "Reimbursement Request" in the subject line, or drop in the PTO mailbox at the school office.