

Reimbursement Request

Somerville NJ PreK-8 PTO

YOUR NAME:		PHONE:			
PROJECT/CATEGORY:					
DATE SUBMITTED:		DATE MAILED:			
REASON FOR REIMBURSEMENT:					
<input type="radio"/>	INCLUDED IN ANNUAL BUDGET	or	<input type="radio"/>	APPROVED AT MEETING DATE:	
CHECK PAYABLE TO:		AMOUNT:			
FULL ADDRESS (your check will be mailed to you):					

Receipt(s) totaling the amount of reimbursement must be included.

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____