

Skinner Road School PTO

Reimbursement Request

Staple Receipts
to the back here

Date: _____

Payable To: _____

Address: _____

Telephone: (_____) _____

Itemize Receipts

Receipt Date	Expense Description	Category/Account	Vendor/Merchant	Amount
(MM/DD/YY)	(Postage, Food, Paper, etc.)	(Playscape, family fun, field trip, etc.)	(Stop & Shop, Staples, Home Depot, etc.)	
Total Expenses:				
Less Advance:				
Total Reimbursement Amount:				

I agree that all expenses submitted on this claim are for Skinner Road School PTO purposes only.

Requestor's Signature: _____

Print Name: _____

Please submit to the Skinner Road School PTO Treasurer.

Date: _____

Check No: _____