

PTO Reimbursement Request

Date: _____

Name: _____ Phone: _____

Reimbursement for: _____

Total Amount for item(s) being reimbursed: _____

Items:

Check payable to: _____

Was this budgeted for: Y / N

Receipt(s) attached

or

Invoice(s) attached

Date Required: _____

For Treasurer's Use Only

DATE PAID: _____

CHECK # _____

BUDGET CATEGORY: _____