



REIMBURSEMENT REQUEST FORM

SteffenENGAGE PTO

Itemized Purchases

Amount

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Total = _____

Payable to: _____

Address: _____

Telephone: _____ **Date Submitted** _____

Instructions:

- ✓ Complete this form
- ✓ Include all corresponding receipts (copies accepted)
- ✓ Put in PTO Box in an envelope labeled 'PTO Treasurer'
- ✓ Refer all questions to PTO Treasurer

Check #

Date Paid

Initials
