PGA PTO Reimbursement Request Form

Date:_____
Name:_____
Email:_____
Phone:_____

Delivery of Check:
- ☐ Pick up from office
- ☐ Mail to:

_____
_____
_____

Procedures:

- Tape or paperclip the receipt(s) to the back of this form. Please do not staple receipt(s) to this form.
- Circle or highlight the amounts requested for reimbursement on receipt(s).
- Place this completed form and receipt(s) in an envelope addressed to PTO Treasurer and give to April in the office.
- If you would like to retain a copy of this request, please photocopy this form and the invoice. Please only turn in originals to the PTO Treasurer.
- Reimbursement requests must be submitted within 30 days of purchase.
- Checks will be disbursed within 10 days of receipt.

Date of Purchase	Description (Vendor / Item purchased / Purpose of Expense)	Total Amount

Total Amount Due:_____

Questions? Contact PTO Treasurer: Stacy Petersen
stacypetersen@gmail.com
970-980-3847

Check written date:_____ Check Number:_____
Amount Approved:_____ Amount Still to be Spent:_____