**Centennial Elementary PTO**

**Reimbursement Form**

Complete form and attach receipts. Reimbursement can’t be made without a receipt. Submit to PTO Treasurer Box.

***Payable to*- (please print)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Description** | **Total** |
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| **Total Reimbursement:** | |  |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expense Category (Please check only one):**

**PTO:** □ Hospitality □ Recess Equipment □ PTO Supplies

**Committee:** □ 5th Grade □ FFN □ Grounds □ MTM □ OM □ PAL Supplies

□ Pass It On □ Popcorn □ Teacher Appreciation/HRP □ Teacher Luncheon

**Staff:** □ AR Parties □ Teacher Reimbursement □ Teacher Training

□ Enrichment □ Media Center □ Music □ PE □ Special Ed

□ **Other (please specify**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_ ACCT charged \_\_\_\_\_\_\_\_\_\_\_\_