# ORCHARD PRAIRIE

## PTO Reimbursement Form

**Requestor Name:**
Phone/e-mail:

**Check Payable to:**
Mailing Address: ◄ Provide self-addressed & stamped envelope
City, State, Zip:
Backpack mail: ◄ Fill this out if you don't want your check mailed
Child's name

## Itemized Expenses

**Attach Receipts. Circle the date & amount on each receipt. For partial receipts, circle PTO items & write the total on the receipt.**

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
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| | TOTAL REIMBURSEMENT | $ - |

**Don't forget your receipts!**

**Requestor Signature** Date

**Approval Signature** Date

| Check Date | Budget Account/Category | Check No. | Amount |
|---|---|---|---|
| | | | |