

# South End School PTO

## Reimbursement/Payment Request

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Check Payable to \_\_\_\_\_

Mail to this address \_\_\_\_\_

Or Hand deliver to \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Date Mailed/Delivered \_\_\_\_\_

Committee \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reason for Reimbursement/Payment \_\_\_\_\_

\_\_\_\_\_

**Receipt(s) totaling the amount of the reimbursement must be attached.** In accordance with our Bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied.

**If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.**

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### For Treasurer's Use Only

Account \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_

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