

# Reimbursement Request

Green Brook PTO

YOUR NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	DATE MAILED:
REASON FOR REIMBURSEMENT:	
<input type="radio"/> INCLUDED IN ANNUAL BUDGET	<b>or</b> <input type="radio"/> APPROVED AT MEETING DATE:
CHECK PAYABLE TO:	AMOUNT:
FULL ADDRESS (your check will be mailed to you):	

**Receipt(s) totaling the amount of reimbursement must be included.**

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Check # \_\_\_\_\_ Date \_\_\_\_\_ Signed By: \_\_\_\_\_