

Buffalo Elementary PTO Reimbursement Form 2016-2017 School Year

Date: _____
 Committee/Event: _____
 Name: _____
 Email: _____
 Phone: _____

Reimbursement Check:

- Pick up from school office.
- Pick up at next PTO meeting.

Procedures:

Tape the original detailed receipt for each purchase to the back of this form or to another sheet of paper. Please do not staple receipts to this form.

Circle or highlight the amounts on each receipt requested for reimbursement.

Place this completed form and receipts in an envelope addressed to PTO Treasurer, and put in the PTO mail box located in the front office.

Please photocopy your reimbursement request and receipts for your own records.

Please include any special payment instructions in the "Description/Comment" section below

Please submit reimbursement request within 30 days of conclusion of the event.

Date of Purchase	Description (Vendor + Item Desc./Purpose of Expense)	Total Amount
Total Due:		-

Questions? _____
 Treasurer: Alison Martin Whiltlinger
 email: almartin@chubb.com
 Home: (724) 353-8186
 Cell: (724) 272-1766