

Roxboro Community School PTSO Reimbursement Form

DATE: _____

Faculty/Staff Payable to:

Amount of reimbursement requested:

Group/Club/Dept./Org.

Email Address of Requester:

Other Comments

Signature of Requester:

*******All receipts/documentation must be accompanied by this completed form and submitted no later than June 7 of each school year in order for your reimbursement to be processed!*******

If you have questions, please feel free to contact us at rcsptsobulldogs@gmail.com

PTSO USE ONLY:

CHECK # _____

AMOUNT

PAID: _____

PTSO

APPROVAL: _____

PTSO DUES PAID:

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