

**Cumberland Elementary & Middle School PTO**  
**A.R.**  
**Reimbursement Request Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please complete the following information. List each receipt separately. You must have an itemized store receipt, purchase order or invoice for reimbursement. Items without receipts will not be reimbursed. Reimbursement is subject to the PTO Budget and membership approval.

Item(s)	Place of Purchase	Amount

Total: \$ \_\_\_\_\_

Attach all receipts to this form.  
 Reimbursements are issued on the second Tuesday of each month at our monthly meeting. If you need reimbursed prior to the monthly meeting please call PTO Treasurer, Rebecca Morgan, at 217-549-2395

<b>Treasurer's Notes</b>	
Invoice Rec'd: _____  Date Paid: _____  Check #: _____  Amount: _____	Other Information: