

**ALDEN-HEBRON S.D. #19 PTO
REIMBURSEMENT REQUEST**

Your Name _____ Phone Ext. _____

Date _____ Amount \$ _____

Check Payable to _____

Requested Item(s) or project _____

Approved from PTO on _____

Receipt(s) totaling the amount of 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.

For PTO Use Only

Approved by (PTO Officer) _____

Date _____

Check Number _____