

Lynn Crest School #22 PTO

Reimbursement Request

Name _____ Date _____

Phone _____ Address _____

Committee/Project _____ Amount \$ _____
(Receipt(s) totaling the amount of reimbursement must be attached)

Reason for Reimbursement _____

Check Payable To _____

Child Name/Grade/Teacher _____

Please check which method you would like to receive your check:

_____ send home with child _____ pick up from PTO bin _____ mailed home*

*If you choose to have your check mailed, please include a self-addressed stamped envelope or postage will be deducted from your total.

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____