

# Hedding PTO Teacher Reimbursement Form

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

Year: \_\_\_\_\_

Classroom: \_\_\_\_\_

**Please be sure to attach all receipts.**

*All reimbursement forms must be turned in to the PTO mailbox no later than May 1st.*

Itemized Expenses - please use one line for each receipt.

DATE	DESCRIPTION	COST
	TOTAL REIMBURSEMENT REQUESTED:	

Attach all receipts!

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PTO Signature

\_\_\_\_\_  
Date