

Reimbursement Request Form

Rockton District 140 PTO

YOUR NAME:	DATE SUBMITTED:
ADDRESS:	PHONE NUMBER:
PRODUCT/CATEGORY/EVENT	
<input type="radio"/> INCLUDED IN ANNUAL BUDGET <input type="radio"/> APPROVED AT MEETING (DATE: _____)	TOTAL AMOUNT DUE: <div style="background-color: #90EE90; height: 20px; width: 100%;"></div>

Receipt(s) totaling the amount requested for reimbursement must be included.

DATE	STORE & DESCRIPTION OF ITEMS PURCHASED	TOTAL AMT:

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 (For internal use only)

(Signature of PTO Treasurer)	(Date)	(Signature of PTO Board Member)	(Date)

FOR TREASURER'S USE: Category _____ Check #: _____ Date: _____ Logged: _____

Debit Card Checkout Form

Rockton District 140 PTO

YOUR NAME:	DATE CHECKED OUT:
ADDRESS:	PHONE NUMBER:
PRODUCT/CATEGORY/EVENT	LAST 4 DIGITS OF CARD:
<input type="radio"/> INCLUDED IN ANNUAL BUDGET <input type="radio"/> APPROVED AT MEETING (DATE: _____)	TOTAL AMOUNT SPENT: <div style="background-color: #C8E6C9; height: 20px;"></div>

Receipt(s) totaling the amount spent must be included.

DATE	STORE & DESCRIPTION OF ITEMS PURCHASED	TOTAL AMT:

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 (For internal use only)

(Signature of PTO Treasurer)	(Date)	(Signature of PTO Board Member)	(Date)

FOR TREASURER'S USE: Category _____ Date: _____ Confirmed: _____