GENE WITT ELEMENTARY PTO
REIMBURSEMENT REQUEST FORM

Date: _____ Grade/Department/Event: _____

Amount Requested: _____ Cell Number: _____

Pay to the Order of: _____

You must acknowledge by initialing the following:

_____ By depositing check, you agree that all items are being used in class/dept/event to benefit students and/or teacher.

_____ Teachers/Staff: you agree that all non-consumable items will remain at Gene Witt Elementary in the event you leave.

_____ You must return this form with **ORIGINAL, legible receipt(s)** to PTO mailbox, Attn: Treasurer.

_____ Receipts must include **date of purchase, total amount and an itemized list of all items purchased**.

_____ If the receipt does not clearly state items purchased, please write description on receipt or a separate paper.

_____ PARENTS ONLY: Please write your name and event title at the top of receipt(s) being submitted for reimbursement.

Event Chairperson (if applicable) : _____

Parents Only: Please provide Student Name, Grade and Teacher so that we can send the check home with your student.

Student: _____ Teacher/Grade: _____

FOR PTO USE ONLY

APPROVED BY: _____

CHECK AMOUNT: _____

CHECK #: _____ DATED: _____

DATE PAID: _____ ON GL?: _____

BUDGET ACCT: _____

DELIVERED TO: _____

AMOUNT REMAINING: _____

NOTES: _____

Breakdown:

Date: _____ Store: _____ Amount: _____
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