Reimbursement Request

Dysart High School PTO/Boosters

YOUR NAME:	PHONE: ( ) -
PROJECT/CATEGORY:	
DATE SUBMITTED: / /	DATE MAILED: / /
REASON FOR REIMBURSEMENT:	
❑ INCLUDED IN ANNUAL BUDGET or	❑ APPROVED AT MEETING (DATE: / /)
CHECK PAYABLE TO:	AMOUNT: $
FULL ADDRESS: (Your check will be mailed to you.)	

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by Coach: _____ Date: _____

APPROVED BY (PTO OFFICER):	DATE: / /
APPROVED BY (PTO OFFICER):	DATE: / /

For Treasurer's Use Only: Category _____ Check #_____ Date_____ Logged_____