

Reimbursement Request - Cab Calloway School of the Arts PTSO

(If request is submitted by the 15th of month, check will be provided by 30th of month; if request is submitted by the 30th of month, check will be provided by 15th of next month)

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

❖ *If you would like to pick up your check from the PTSO Mailbox, please indicate below:*

YES _____ NO _____

❖ *If you would prefer to have the check mailed to your home, please provide address below:*

****Original receipt(s) totaling the amount of reimbursement must be attached**.**
(If other items were purchased on the same receipt, please circle the items for this request.)

Please list each receipt with amount applied to reimbursement:

	\$
	\$
	\$
	\$
	\$

Project/Category _____ Total Amount \$ _____

Included in annual budget or Approved at meeting (date _____)

Reason for Reimbursement _____

Requestor's Signature _____ Date _____

Approved by (Officer) _____ Date _____

 For Treasurer's Use Only

Category _____ Check # _____ Dated _____ Logged _____