

INDIAN TRAIL SCHOOL PTO

Reimbursement Request Form



Name (First & Last):

Email Address:

Total Amount for Reimbursement: \$

Date of Expense:

Purpose/Description of Expense (write in this space):

How was this approved?

Included in the annual budget

Approved at a PTO Meeting

****If neither, please contact a PTO president for approval***

Make check payable to:

Address for delivery (Street address, City, State and Zip):

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- Please attach a copy of all receipts relating to this **expense**.
 - Please place the completed form, with receipts attached into the PTO Treasurer envelope-located in the PTO mailbox OR scan & email to Cliff Lissner - cliff@chippewaranchcamp.com
 - You can text it to Cliff during business hours at 312-593-0246

Please allow up to ten days for your reimbursement check to arrive.

Thanks!