



Crossfield Elementary School PTO Reimbursement Request

Scan and email this form and receipts to treasurer@crossfieldpto.org or leave in PTO mailbox in CES main office.

Your Name _____ Date _____

Your Email _____

Check Payable to _____

Address Check Should be Mailed to

Amount of Check \$ _____

Reason for Reimbursement

PLEASE NOTE:

- ***Receipt(s) totaling the amount of reimbursement must be attached.***
- ***Incomplete forms or forms received without receipts will be returned.***
- ***This form and receipts must be submitted within one month of the date of the event.***
- ***We will do our best to reimburse within 2 weeks of receipt of the complete form and receipts.***

PTO Use Only:

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

Included in Annual Budget -or- Approved at Meeting (Date _____)

Category _____ Check # _____ Dated _____ Logged _____ Mailed _____

Tax Exempt Granted: Yes _____ No _____