

Trinity Elementary PTO

Request for Reimbursement



Please Complete:

Check Payable To: _____

Address: _____

City, _____ State, _____ Zip _____

How to deliver? _____

Amount: \$ _____ Date Incurred: _____

Charge Budget Account: _____

Explanation of Expense: _____

Your Signature: _____ Date: _____

***Please staple receipts to the back of this voucher and submit to
PTO Treasurer Using the PTO Mailbox***

Approvals:

Approved (Board Member) _____

OR

Approved by TES Principal: _____

Treasurer Use Only:

Check Number _____ Amount \$ _____ Date Issued _____

Budget Account Charged to: _____