

PTO Reimbursement Form

Name: _____ Today's Date: _____

Event: _____ Amount: _____

How would you like your reimbursement? Check one.

- Please send it home with my child _____ grade _____
- I will pick it up in the office the next school day

****IMPORTANT**** Staple your receipt or copy of your receipt to this form and send it to the office to be processed. Thank you!

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