

Reimbursement Request

PHELPS PTO

YOUR NAME:

PHONE:

() -

PROJECT/CATEGORY:

DATE SUBMITTED:

/ /

DATE MAILED:

/ /

REASON FOR REIMBURSEMENT:



INCLUDED IN ANNUAL BUDGET

or



APPROVED AT MEETING
(DATE: / /)

CHECK PAYABLE TO:

AMOUNT:

\$

FULL ADDRESS: (Your check will be mailed to you.)

Receipt(s) totaling the amount of reimbursement must be attached.

APPROVED BY (PTO OFFICER):

DATE:

/ /

APPROVED BY (PTO OFFICER):

DATE:

/ /

For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____