

## Neil Armstrong Middle School PTO Shoot For The Stars!

This form must be completed to receive a check for reimbursement. Please complete form, attach receipts and email information to <a href="mailto:bpnamspto@gmail.com">bpnamspto@gmail.com</a> or return in an envelope to school office with Attention PTO Treasurer.

Form should be received within two weeks of event date for reimbursement. Name: Phone: \_\_\_\_\_\_ Email: \_\_\_\_\_ ☐ Check may be sent home via child Child's name \_\_\_\_\_ Room \_\_\_\_\_ ☐ Please mail my check Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Name of Committee or Function You are Purchasing for: Items Purchased (ATTACH ALL RECEIPTS): Total to be reimbursed: \_\_\_\_\_\_ TREASURER USE ONLY PTO Treasurer Approval: Check Date: Check Number: Check Amount: