

BEN FRANKLIN PTO 2018-2019 REIMBURSEMENT FORM

This form must be completed to receive a check for reimbursement. Please complete form, attach receipts and email information to benfranklinptotreasurer@gmail.com 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 :

Items Purchased (ATTACH ALL RECEIPTS):

Total to be Reimbursed: _____

TREASURER USE ONLY

PTO Treasurer Approval: _____

Check Date: _____ Check Number: _____ Check Amount: _____