Huddleston Elementary PTO

Reimbursement Request

Receipts must not contain personal items

Your Name:
Phone#
Date Submitted:
Reason for Reimbursement:

Receipt Information		
Name of Retailer:	Date of Receipt:	Amount of receipt:

Budgeted Category: *(Treasurer to fill in)*

Date Reimbursed *(Treasurer to Fill In)* :
Check # *(Treasurer to fill in)*
Signature of Approval:

Please email or text photos of reimbursement request along with all receipts totaling reimbursement.

* REQUESTS MUST BE MADE WITHIN 1 WEEK OF EVENT ENDING *

ALL REQUESTS MUST BE MADE BY FRIDAY, MAY 28TH

Treasurer: Sabrina Miller	sabrina7miller@gmail.com	770-855-8265