

THOMAS FITZWATER PTO REQUEST FOR REIMBURSEMENT

This form MUST be filled out COMPLETELY, and your receipt(s) MUST be attached, in order to receive reimbursement. Thank you!

PLEASE PRINT:

Full name: _____

Phone number: _____

Amount requested: _____

Committee: _____

Brief description of purchase or expenditure: _____

Store/Vendor: _____

Place form in the Treasurers' Bin; mark envelope "Attention – Treasurer."

DON'T FORGET TO ATTACH YOUR RECEIPTS. THANK YOU.