

**Thomas Fitzwater Elementary School PTO  
REQUEST FOR REIMBURSEMENT**

**Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, Zip & Phone:** \_\_\_\_\_

**Committee/Activity:** \_\_\_\_\_

**Store/Vendor used:** \_\_\_\_\_

**Description of purchase(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT REQUESTED**      \$ \_\_\_\_\_

***NOTE: Please attach all receipts and place in Treasurers' Mail Bin in Main Office***