



2023-2024 REIMBURSEMENT FORM

Please submit a funds request for board approval before submitting this form. Reimbursement is not guaranteed without board approval.

PART 1: REQUEST INFORMATION

Your Name: _____ Phone Number: _____

Date Submitted: _____ Date Needed: _____

Reason for Payment/Reimbursement: _____

IF THIS IS FOR AN EVENT SUCH AS FAMILY FUN DAY, YOUR REQUEST AND ORIGINAL ITEMIZED RECEIPTS MUST BE SUBMITTED WITHIN 2 WEEKS OF THE EVENT DATE.

Check Payable To: _____

Amount:\$ _____ **If this is an invoice to be paid, please attach the original invoice to this request and the Treasurer will mail it directly.

PART 2: PTO REVIEW

PTO APPROVED: YES NO Date: _____

Category: _____

Funds Distributed: YES NO Date: _____ Check #: _____

Comments: _____

Place the completed form and original supporting documentation (i.e. receipts, invoices) in the PTO Treasurer's file at the front office or scan and email it to treasurer.jcepto@gmail.com. (Note: Please make copies for your own documentation. Others have access to the files in the office so it is nice in case something gets misfiled or lost.)