



2026 - 2027

REIMBURSEMENT FORM

Please submit a Funds Request Form for Executive Board approval before submitting this form. Reimbursement is not guaranteed without prior Board approval. For pre-budgeted expenses such as annual teacher appropriations, this Reimbursement Form alone is sufficient.

PART 1: REQUEST INFORMATION

Your Name: _____ Phone Number: _____
Email: _____
Date Submitted: _____ Date Needed: _____
Reason for Payment/Reimbursement: _____

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

➤ If you wish to have your reimbursement check mailed to you, please include your mailing address here: _____

IF THIS REIMBURSEMENT IS FOR ITEMS RELATED TO AN EVENT, YOUR REQUEST AND ORIGINAL ITEMIZED RECEIPTS MUST BE SUBMITTED WITHIN 2 WEEKS OF THE EVENT DATE.

PART 2: PTO REVIEW

PTO APPROVED: ☐ YES ☐ NO Via: _____ Date: _____
Category: _____
Funds Distributed: ☐ YES ☐ NO Date: _____ Check #: _____
Comments: _____