



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: _____

Submit the completed form and original supporting documentation (i.e. receipts, invoices) to the Front Office Receptionist to put in the PTO Treasurer's mailbox in the front office, or scan and email it all to treasurer.jcepto@gmail.com.

Note: Please make copies for your own records in case the originals are misplaced.