

**Fir Grove PTO**  
**Request for Reimbursement**

**\*\*Please tape receipts to separate sheet and staple to reimbursement form\*\***

Date Requested \_\_\_\_\_  
Funds requested from the \_\_\_\_\_ budget  
for the purchase of \_\_\_\_\_

Payable To: \_\_\_\_\_

Total Reimbursement: \$ \_\_\_\_\_ Donation: \_\_\_\_\_

**\*\*If multiple receipts please break out the amounts below\*\***

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

#4: \_\_\_\_\_

#5: \_\_\_\_\_

#6: \_\_\_\_\_

#7: \_\_\_\_\_

#8: \_\_\_\_\_

#9: \_\_\_\_\_

#10: \_\_\_\_\_

Deliver via      *School Office:* \_\_\_\_\_  
                         *Mailbox:* \_\_\_\_\_  
                         *Mail (address):* \_\_\_\_\_  
                         \_\_\_\_\_  
                         \_\_\_\_\_

Coordinator or Board Member signature: \_\_\_\_\_

*Any requests without approval or receipts/invoices will be returned.*

**Treasurer's Use**

Check Number: \_\_\_\_\_      Check Date: \_\_\_\_\_      Delivered Via: \_\_\_\_\_