



## Reimbursement Request Form

Receipt(s) totaling the amount of reimbursement must be attached! All Reimbursement requests must be pre-approved by:

**Cottonwood Elementary Badgers PTO**

Your Name:		Phone:	
		(      )      -	
Project/Category:			
Date submitted:	Date needed:	Date mailed:	
Reason for check:			
Check payable to:		Amount:	
		\$	
Your Address: (Your check will be mailed to you.)			

Approved by (PTO Officer):	Date:
Approved by (PTO Officer):	Date:

For Treasurer use only:

Category: \_\_\_\_\_ Check no.: \_\_\_\_\_ Dated: \_\_\_\_\_ Logged: \_\_\_\_\_