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| **Date** | **Description** | **Total** |
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**Central Middle School PTO**

**Reimbursement Form**

***Payable to*- (please print)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Reimbursement:** \_\_\_\_\_\_\_\_\_\_\_\_

(Complete form and attach receipts. Reimbursements can’t be made without a receipt.)

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit to:** **PTO TREASURER BOX**

Date Paid: \_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_ ACCT charged \_\_\_\_\_\_\_\_\_\_