

SUNTREE PTO
ELEMENTARY SCHOOL
900 Jordan Blass Drive Melbourne Fl 32940



Request for PTO Reimbursement
****PRE-APPROVED PURCHASES ONLY****

NAME: _____

DATE: _____

EXPENSE DESCRIPTION *(please attach receipt or copy of receipt)*

TOTAL \$ _____

SIGNATURE _____

REIMBURSEMENT DETAILS (for PTO to complete)

CHECK NO. _____

PAYABLE TO:

DATE PAID _____

AMOUNT \$ _____

PTO SIGNATURE _____