

# Reimbursement Request

Mesa Academy for Advanced Studies PTO

YOUR NAME:	PHONE:

PROJECT/CATEGORY:

DATE SUBMITTED:	DATE MAILED:

REASON FOR REIMBURSEMENT:

INCLUDED IN ANNUAL BUDGET	or	APPROVED AT MEETING DATE:

CHECK PAYABLE TO:	AMOUNT:
	\$

FULL ADDRESS (your check will be mailed to you):

**Receipt(s) totaling the amount of reimbursement must be attached.**

APPROVED BY (PTO OFFICER):	DATE:

APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____			