

Stone Lake PTO Reimbursement Request

Please complete all information requested in the form below. Attach a copy of all receipts and/or other applicable supporting documentation (i.e, purchase orders, contracts, etc.).

Date:	
Requester's Name:	
Amount \$:	
Pay to:	
Mailing Address:	
_	
Purpose of Funds Being I	Reimbursed (be specific):
Please e-mail completed forn	n and all associated attachments to treasurer@stonelakepto.org.
PLEASE NOTE: Submitting the form electronically (via e-mail) signifies your confirmation that the information provided on this form and included on any attachments is valid.	
	For PTO Treasurer's Use Only
PTO Officer Approval:	
Funding Category:	
☐ Included in Budget	☐ Approved at Meeting on:
Check Number	Date: