

Garrisonville PTO Reimbursement Request

YOUR NAME:		PHONE:	
DATE SUBMITTED:		PROJECT/CATEGORY:	
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REASON FOR REIMBURSEMENT:			
Class Name:			
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CHECK PAYABLE TO:		AMOUNT:	

Receipt(s) totaling the amount of reimbursement (up to \$100) must be included. Any non-consumable items purchased with ASE Supply money are the property of the Garrisonville Elementary PTO, so that the materials can continue to be used for future ASE classes.

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

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