



Emerick PTO Reimbursement Request

Name: _____

Date Submitted: _____

Requested Reimbursement Amount: _____

Description of Purchased Goods/Services: _____

For Budget Line Item:

- | | | |
|-----------------------------------|---------------------------|---------------------------------------|
| _____ 5th Grade Celebrations | _____ Make & Take Crafts | _____ Teacher & Staff Appreciation |
| _____ Bingo Night & Basket Raffle | _____ Movie Nights | _____ Teacher Conference Registration |
| _____ Cornhole Tournament | _____ Muffins with Mom | _____ Teacher Stipend |
| _____ Donuts with Dad | _____ Odyssey of the Mind | _____ Volleyball Game Concessions |
| _____ Emerickan Idol Variety Show | _____ Receptions | _____ Watch DOGS |
| _____ Fun Run | _____ Spring Picnic | _____ Spaghetti Dinner |
| _____ Other _____ | | |

**Requests for reimbursement should be submitted with receipts no later than June 15th.
No checks will be written after the close of the PTO's fiscal year on June 30th.**

Reimbursement Date: _____ Check # _____



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