

Fogelsville PTO

312 S. Route 100 Breinigsville, PA 18031

REQUEST FOR VOLUNTEER REIMBURSEMENT

Committee/Event _____

Requestor's Name and contact (# or email) _____

Amount Requested \$ _____

Check will be made to Requestors name. Delivery Method: (Child's Name and Teacher).
_____ If you would like to make alternate arrangements, please email.

Reimbursement Request Information: (If more than one receipt, please list each one below. If receipt also includes personal items, please indicate which items you are requesting reimbursement for.)

<u>Store/Vendor Name</u>	<u>Item Description</u>	<u>Reimbursement Amount Requested</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement Requested _____

Please attach receipts to this form and place in PTO mailbox located in school lobby.
Please mark envelope: **PTO Treasurer**

Please email PTO Treasurer, Arika Troxell arikatroxell@gmail.com or PTO President Shannon Shetayh smshtayh@gmail.com with any questions

Thank you,
PTO Executive Board

PTO Treasurer Use	XXXXXXXXXXXXXXXXXX
Check Number	
Check Date	
Check Amount	
Check delivery method	
Check delivery date	
Initials	

