

Fogelsville PTO

312 S. Route 100 Breinigsville, PA 18031

REQUEST FOR TEACHER ALLOTMENT

Teacher's Name/Position _____

Teacher's E-mail _____

Amount Requested (Maximum of \$150) \$ _____

Check Payable To _____

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>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. For questions, please contact PTO Treasurer, Arika Troxell arikatroxell@gmail.com

DEADLINE IS MAY 31st each year to allow time for reimbursement before last day of school

Thank you,
PTO Executive Board

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