

# REQUEST FOR ELIZABETH IDE PTO REIMBURSEMENT

Requests for reimbursement should be made within 30 days from the date of the event/activity and original receipts attached as support. All payments will be mailed/dropped off directly to the requestor or supplier (payments will not be sent to school for children to bring home). Coordinate reimbursements with event chairperson as appropriate.

Requestor \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Event/Activity (Please select one only - use another form if multiple reimbursements are requested)

- |   |  |
|---|--|
| <input type="checkbox"/> Assemblies/Safety Week<br><input type="checkbox"/> End of Year Picnic<br><input type="checkbox"/> Halloween Party<br><input type="checkbox"/> Holiday Cookie Exchange<br><input type="checkbox"/> Ice Cream Social<br><input type="checkbox"/> Idewear<br><input type="checkbox"/> Milk Caps | <input type="checkbox"/> Mother/Daughter Tea<br><input type="checkbox"/> Movie Night (Specify Movie) - _____<br><input type="checkbox"/> Refreshments<br><input type="checkbox"/> School Supply Kits/Headphones<br><input type="checkbox"/> Snowflake Ball<br><input type="checkbox"/> Teacher Appreciation<br><input type="checkbox"/> Other: _____ |
|---|--|

Date	Store	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total reimbursement requested			-

By requesting this reimbursement, I acknowledge that the expenses submitted are all proper and within budget for the selected event/activity.

Signature \_\_\_\_\_