



Hollymead Elementary PTO
Reimbursement Form

Complete form and **attach original receipts** in an envelope marked PTO Treasurer and place in the Treasurer drawer (back room). *Allow two weeks for reimbursement.* Questions: hollymeadptotreasurer@gmail.com .

Name _____ Date _____

Can we use the school mailing address to mail your check? Yes No

Mailing address if not school:

Check payable to (if different): _____

Mailing address (if different): _____

Deliver check to school? Yes No, check is to go to: _____

Expense description: _____

Total Reimbursement Amount: _____

Office Use Only

Date Received: _____ Check Number: _____ Date Paid: _____

PTO Approval Person (if needed): _____

Treasurer Signature: _____ Amount Approved: _____