

**St. Timothy School PTO
Reimbursement Request Form
(please attach receipts)**

Date Request Received: _____

Reason for Request: _____

Total amount of reimbursement requested: _____

Make Check Payable To: _____

Check Requested By: _____

Forward Check To: _____

For the PTO:

Date Sent: _____

Check Number: _____

Check Amount: _____

Budget Category: _____

Receipts/Invoice Attached: _____