

Randolph ISD PTO

Reimbursement Request

Receipt(s) totaling the amount of reimbursement must be attached!

Your Name:	Phone: () -
Category/Project/Event:	Reason for Reimbursement:
Date Submitted: / /	Date Payment Completed: / /
<input type="checkbox"/> Included in Annual Budget	<input type="checkbox"/> Approved at Meeting (Date: / /)
Check Payable to:	Amount \$
<input type="checkbox"/> Mail Check: (include full address)	<input type="checkbox"/> Leave in PTO Box

For Treasurer's Use Only:

Approved by (PTO Officer):	Date: / /
Check #	Date Reimbursement Completed: / /