

Date:

Program to be Charged:

Brownsville Elementary PTO
REIMBURSEMENT FORM

Person Requesting Reimbursement:




Description of Expense:

Total amount of reimbursement: \$

Check one:

Please put check in this PTO mailbox file:

Please mail check to this address:

-  Staple receipt to this form. As requested in Bylaws, submit receipts within 30 days of program completion.
-  Make a copy of this completed form for your records.
-  Contact Treasurer.

BES PTO/2007-8

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