

Classroom Instructional Support Funds REIMBURSEMENT FORM



Date of Expense	Description of Item/Charge	Purpose	Cost	Reciept Attached
				Y/N
				Y/N
				Y/N
				Y/N

Total:_____

All Reimbursement Checks will be mailed to the school- unless otherwise indicated (fill out below).

Name on Check: _____

Address: _____

City: _____ State: _____ Zip: _____

For any questions or concerns, please email us at moharimetpto@gmail.com.

Thank you, Moharimet PTO