

Completed form must be submitted to along with receipt(s) <u>within 30 days</u> of purchase and/or event. Please allow 2-4 weeks for reimbursement checks to be issued.

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YOUR NAME:			PHONE:		
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YOUR EMAIL:					
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PROJECT/CATEGORY:		NAME OF COMMITTEE CHAIR:			
DATE SUBMITTED:	REASON FOR CH	-CK.			
DATE GODWITTED.	TIE/(OOIV) OII OII	_014.			
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CHECK PAYABLE TO:			AMOL	JNT:	
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ADDDESS OF DAVEE (II. III. II. II.	n.		Ψ		
ADDRESS OF PAYEE (if no bill attached):					
If this is a hill that needs to be naid att	ach the hill to this for	m and the Treasu	ırar will ma	ail it	
If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it. HOW TO SUBMIT:					
1 - Attach any bills or receipts and email them with this form to xero.inboxzpww.ppqdbrnxube1ay1w@xerofiles.com					
2 - Print this form, attach any bills or receipts, and submit to the PTO mailbox in the main office.					
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APPROVED BY (PTO OFFICER):			DATE:		
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APPROVED BY (PTO OFFICER):			DATE:		
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For Treasurer's Use Only:					
	Observator #	Date			Laurente 🗖
Category:	Cneck #:	Date	ea:		Logged:
INCLUDED IN	$\cap P$	☐ APPI	ROVED /	AT MEET	TING
ANNUAL BUDGET	OR		TF·	/	/)
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