

PTO Reimbursement Request
Palms Elementary 6101 Palms Road Fair Haven, MI 48023

Use this form to request reimbursement for any expense related to PTO events or school items.

Your Name:	Phone: () -
Date Submitted: / /	Amount: \$
Event/Project:	
Items Purchased:	
Request was Approved at Meeting on / /	
Make Check Payable To:	**Receipts totaling the amount of reimbursement must be attached!

PTO Use Only:

check #	Date: / /
	Picked Up _____ Mailed _____

****Please remember that your request must have the receipts attached****

