

Reimbursement Request

Date: _____



Iles School PTO
1700 South 15th Street
Springfield, Illinois
62703

www.sps186.org/schools/iles/pto/?p=26408
ljsmail2@gmail.com

A receipt must be included with this form.

Name: _____
Address: _____
Phone: _____
E-mail: _____

Date of Receipt	Purpose	Payee	Amount

Delivery Instructions:

Comments:

Expenditure Authorized By: _____

For Treasurer's Use Only

Amount Paid	Check No.	Date