

LMS PTC Reimbursement Request Form

Reimbursement Request

(All receipts must be attached)

Check Request/Cash Advance

(Bill Must be attached)

Mini Grant Request

****YOUR NAME:**

****PHONE:**

****PROJECT/CATEGORY:**

****DATE SUBMITTED:**

DATE MAILED:

REASON FOR REIMBURSEMENT:

Included in budget.

or

Approved at PTC Meeting on: ____/____/____

****CHECK PAYABLE TO:**

****AMOUNT:**

****FULL ADDRESS: (If your check will be mailed to you.)**

****Signature:** (of person requesting reimbursement.)

Treasurer must receive receipts or billings for all payments made from PTC Account.

APPROVED BY (PTO OFFICER):

DATE:

APPROVED BY (PTO OFFICER):

DATE:

Treasurer's Use Only: Category: _____ Check: _____ Date: _____