

**Valley Ridge Academy PTO                      Reimbursement Request**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Pay To: \_\_\_\_\_

Purpose of Funds Being Reimbursed (Be Specific): \_\_\_\_\_

\_\_\_\_\_

Method of Delivery: \_\_\_\_\_ Date: \_\_\_\_\_

Address if being mailed: \_\_\_\_\_

Signature: \_\_\_\_\_

*Note: Attach all receipts and other applicable supporting documentation (i.e., purchase orders, contracts, etc. to this form)*

For Treasurer's Use Only

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Category: \_\_\_\_\_

Approved by PTO Officer: \_\_\_\_\_