

Mockingbird Elementary PTO Reimbursement Request

Receipts or Invoices must be attached

Check requester: _____ Date: _____

Payable to: _____ Date needed: _____

Included in Annual Budget _____

Budget line item

OR

Approved at meeting _____

Date

Description	Place of Purchase	Amount
	Total:	

(Sales tax will **not** be reimbursed)

Treasurer's Notes:

Invoice Received: _____

Check Number: _____

Amount of Check: _____

Remarks: