

# Reimbursement Request

Parsons PTO

Please allow 14 days for reimbursement

YOUR NAME:		PHONE:
		(      )
PROJECT/CATEGORY:		
DATE SUBMITTED:		DATE MAILED:
/    /		/    /
REASON FOR REIMBURSEMENT:		
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	or	<input type="checkbox"/> APPROVED AT MEETING (DATE: / / )
CHECK PAYABLE TO:		AMOUNT:
		\$
FULL ADDRESS: (Your check will be mailed to you.)		

Receipt(s) totaling the amount of reimbursement must be attached.

APPROVED BY (PTO OFFICER):	DATE:
	/    /
APPROVED BY (PTO OFFICER):	DATE:
	/    /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_