

Scott Parent Teacher Organization (SPTO) Reimbursement Request Form

(All reimbursement requests are to be received by the Treasurer
within 2 weeks of the event or purchase.)

Your Name: _____ Date Submitted: _____

Phone: _____ Email: _____

Committee/Event/Project/Category: _____

Committee Chairperson: _____

Reason items were purchased:

Total Expense: \$ _____

**Receipt(s) or copies of receipt(s) with items highlighted totaling the
amount of reimbursement must be attached.**

Check to be made payable to: _____

Reimbursement can come home with your child or through the mail. Please choose ONE.

Child's Name: _____ Teacher and grade/section: _____

Full Home Address: _____

For SPTO Treasurer's Use Only

Date Check Mailed: _____

Included in annual budget and Approved at meeting (date _____)

Category _____ Check # _____ Dated _____ Logged By _____

Scott Parent Teacher Organization (SPTO)
705 Scott Avenue
Glenshaw, Pennsylvania 15116