



## Jackson PTO Reimbursement Request Form

**Instructions:**

1. Please fill all fields of the form below. PLEASE PRINT.
2. Staple the original receipts taped to an 8.5 x 11 paper to the back of the form.
3. Return forms to PTO Treasurer (mailbox in office - - *checked weekly* - - or contact current treasurer Jess DellaValla at 906-281-1353 or jess.dellavalla@gmail.com to arrange pickup).

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Brief description of what you have purchased:

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Reimbursement is to be charged to the following fund (if more than one, please allocate amounts):

<b>K/1</b>	<b>2/3</b>	<b>4th</b>	<b>5/6</b>	<b>Music</b>	<b>Art</b>	<b>ESSC</b>	<b>Nordic</b>	<b>Playground</b>
<b>Library</b>	<b>Nurse</b>	<b>Principal</b>	<b>Gratitude</b>	<b>Lunch</b>	<b>Guid./Spec. Ed</b>	<b>Soccer</b>	<b>PE</b>	<b>Technology</b>
					<b>PTO</b>			<b>Enrichment</b>

Reimbursement should be given to:

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If this reimbursement is to be made to someone other than the requestor, please complete the following:

Vendor: \_\_\_\_\_ Invoice/Receipt Number (if applicable): \_\_\_\_\_

Name and address to mail payment:

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Date Received by Treasurer: \_\_\_\_\_ Date Payment Processed: \_\_\_\_\_