

Pueblo Parent Teacher Organization

Please check one box

Request for funds or **Reimbursement Request**

Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Full Address _____

Project Account _____

Amount \$ _____

Reason for Request for funds or Reimbursement _____

Receipt(s) totaling the amount of request for funds or a reimbursement must be attached. This form and receipts must be submitted within 30 days of purchase or the request will be declined.

Approved by (PTO Officers) _____

Date _____

FOR TREASURER'S USE ONLY

Account _____ Check# _____ Dated _____ Logged _____