



Reimbursement Request

Silver Spring Elementary School PTO

YOUR NAME:		EMAIL ADDRESS:			
IF TEACHER; GRADE/SPECIALITY & ROOM NUMBER:		IF PARENT; CHILD NAME, GRADE & ROOM NUMBER:			
REASON FOR REIMBURSEMENT:		DATE SUBMITTED:			
<table border="1"> <tr> <td>INCLUDED IN ANNUAL BUDGET?</td> <td>YES NO -----></td> </tr> </table>		INCLUDED IN ANNUAL BUDGET?	YES NO ----->	IF NO, APPROVED BY: DATE:	
INCLUDED IN ANNUAL BUDGET?	YES NO ----->				
CHECK PAYABLE TO:		TOTAL AMOUNT:			
ADDRESS -- Where would you like your check mailed? DO NOT LEAVE THIS BLANK!!					

Receipt(s) totaling the amount of reimbursement must be included, within 2 weeks of purchase

APPROVED BY (PTO Treasurer):	DATE:
APPROVED BY (PTO President):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____