

REQUEST FOR ELIZABETH IDE PTO REIMBURSEMENT

Requests for reimbursement should be made within 30 days from the date of the event/activity and original receipts attached as support. All payments will be mailed/dropped off directly to the requestor or supplier (payments will not be sent to school for children to bring home). Coordinate reimbursements with event chairperson as appropriate.

Requestor _____

Address _____

Event/Activity (Please select one only - use another form if multiple reimbursements are requested)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|------------------------|--------------------------|-----------------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|-------------------------|--------------------------|------------------|--------------------------|---------|---|--------------------------|-------------------------------------|--------------------------|--------------|--------------------------|-----------------------------------|--------------------------|-------------------------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|--------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Assemblies/Safety Week</td></tr> <tr><td><input type="checkbox"/></td><td>Box Tops/Tyson Labels</td></tr> <tr><td><input type="checkbox"/></td><td>End of Year Picnic</td></tr> <tr><td><input type="checkbox"/></td><td>Halloween Party</td></tr> <tr><td><input type="checkbox"/></td><td>Holiday Cookie Exchange</td></tr> <tr><td><input type="checkbox"/></td><td>Ice Cream Social</td></tr> <tr><td><input type="checkbox"/></td><td>Idewear</td></tr> </table> | <input type="checkbox"/> | Assemblies/Safety Week | <input type="checkbox"/> | Box Tops/Tyson Labels | <input type="checkbox"/> | End of Year Picnic | <input type="checkbox"/> | Halloween Party | <input type="checkbox"/> | Holiday Cookie Exchange | <input type="checkbox"/> | Ice Cream Social | <input type="checkbox"/> | Idewear | <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Movie Night (Specify Movie) - _____</td></tr> <tr><td><input type="checkbox"/></td><td>Refreshments</td></tr> <tr><td><input type="checkbox"/></td><td>Reading Incentive/Jr. Great Books</td></tr> <tr><td><input type="checkbox"/></td><td>School Supply Kits/Headphones</td></tr> <tr><td><input type="checkbox"/></td><td>Snowflake Ball</td></tr> <tr><td><input type="checkbox"/></td><td>Teacher Appreciation</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> </table> | <input type="checkbox"/> | Movie Night (Specify Movie) - _____ | <input type="checkbox"/> | Refreshments | <input type="checkbox"/> | Reading Incentive/Jr. Great Books | <input type="checkbox"/> | School Supply Kits/Headphones | <input type="checkbox"/> | Snowflake Ball | <input type="checkbox"/> | Teacher Appreciation | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Assemblies/Safety Week | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Box Tops/Tyson Labels | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | End of Year Picnic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Halloween Party | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Holiday Cookie Exchange | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Ice Cream Social | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Idewear | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Movie Night (Specify Movie) - _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Refreshments | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Reading Incentive/Jr. Great Books | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | School Supply Kits/Headphones | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Snowflake Ball | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Teacher Appreciation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Date	Store	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total reimbursement requested			_____

By requesting this reimbursement, I acknowledge that the expenses submitted are all proper and within budget for the selected event/activity.

Signature _____

Date _____