

Spencerville-Jennings PTO Reimbursement Request

Name: _____

Address: _____

Phone Number: _____

Date Requested: _____

Please list items purchased, source and price:

Items/Materials Purchased	Source/Store/Supplier	Cost
Total Amount Paid:		

*****Please attach the original receipt to this form.** Please keep a copy for your records.

Comments/Other Information:

Applicant Signature: _____ Date: _____

Please return this form by _____

****Please submit form to the PTO mailbox in the school office or by e-mail at SpencervillePTO@yahoo.com.**

Thank you,

Spencerville-Jennings PTO

Approval Signature: _____ Date: _____

Amount Approved: _____

Check #: _____

Date Sent: _____