



# Hosmer School Parent Teacher Organization

## *Reimbursement Request Form*

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

<b>Date</b>	<b>Item(s)</b>	<b>Purchase Info (store/ on-line)</b>	<b>Explanation for purchase</b>	<b>Total Cost</b>

*Additional Comments:*

*Instructions:*

1. Please include a general explanation for the use of PTO funds.
2. Please attach original receipts by paperclip (no staples please).

**Signature:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

(Date of official vote if > \$100)

**PTO President:** \_\_\_\_\_

**Date / Check #:** \_\_\_\_\_