



Heritage Middle School

PTO REIMBURSEMENT FORM

(Numbers 1-8 MUST be filled out completely by person submitting this form)

1. AMOUNT: _____ 2. DATE _____

3. PAYEE: (This is who the check will be made out to) _____

PAYEE E-MAIL: _____

4. YOUR NAME: _____

YOUR E-MAIL: _____

5. YOUR PHONE NUMBER: _____

6. PURPOSE OF EXPENSE: _____

7. ACCOUNT CATEGORY (Please circle one below. If multiple activities are included on request for reimbursement, please list reimbursement amounts next to budget category)

A. Paw Days _____ J. Team 701 _____

B. Teacher Luncheon _____ K. Team 702 _____

C. Conference Staff Dinner _____ L. Team 703 _____

D. Dance _____ M. Team 801 _____

E. Halloween Dance _____ N. Team 802 _____

F. 8th Grade Dance _____ O. Team 803 _____

G. Open House _____ P. Other: Be Specific _____

H. State of Schools Address _____

I. Spiritwear Sales _____

8. RECEIPTS: All receipts that relate to this particular reimbursement request MUST be included. Your reimbursement check will be delivered to the PTO Mail Box in the Heritage School Office with your name on it. Special payment requests should be communicated directly to the Treasurer.

=====**For Treasurer Use Only**=====

Check # _____ Dated _____ Logged _____ Account Category _____