## Reimbursement Request

Parsons PTO

Please allow 14 days for reimbursement

www.ptotoday.com

YOUR NAME:		PHONE:			
ROJECT/CATEGORY:		or the commence of the second	AND THE STATE OF THE STATE OF	THE STATE OF STREET	the state of the s
DATE SUBMITTED:		DATE MAILED:			
/ /			/	/	
REASON FOR REIMBURSEMENT:					
INCLUDED IN ANNUAL BUDGET	or	APPROVED AT MEETING (DATE: / / )			
CHECK PAYABLE TO:		AMOUNT:			
JLL ADDRESS: (Your check will be mailed to	you.)	ere a such a record the contents of a relation	en berennen men		
ceipt(s) totaling the amount of reimbu	ursement must be att	ached.			
APPROVED BY (PTO OFFICER):			DATE:		
				/	/
PPROVED BY (PTO OFFICER):			DATE:	1	/
				/	/
			***************************************	***************************************	
Treasurer's Use Only: Category	Check #	Date	Logged		