

# MHMS PTO Reimbursement Request

Please fill out this request form with as much information as possible. Attach all receipts. Allow for **2 weeks** for Board response. Board review does not guarantee dispensation of funds.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Project / Category: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Included in Annual Budget    ☐ Approved at Board Meeting \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for reimbursement: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

Details of Expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cheque payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

NOTE: All receipts totaling the amount of reimbursement must be attached and submitted to the PTO Board Treasurer within 2 weeks of the purchase

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## Administrative Use Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by:

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

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

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

If not approved, reason: \_\_\_\_\_

\_\_\_\_\_

RefCode: \_\_\_\_\_

Cheque #: \_\_\_\_\_

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