

# Reimbursement Request

Tabernacle Home and School Association

YOUR NAME:		PHONE:	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE MAILED:	
REASON FOR REIMBURSEMENT:			
<input type="radio"/>	INCLUDED IN ANNUAL BUDGET	or	<input type="radio"/> APPROVED AT MEETING DATE: <input type="text"/>
CHECK PAYABLE TO:		AMOUNT:	
FULL ADDRESS (your check will be mailed to you):			

**Receipt(s) totaling the amount of reimbursement must be included.**

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Check # \_\_\_\_\_ Date \_\_\_\_\_