

Reimbursement Request

UPA PTSO, David Holl, dmholl@yahoo.com, 408-497-2237

Your Name:	Phone: () -
Project/Category/Event:	
Date Submitted: / /	Date Mailed: / /
Reason for Reimbursement:	

Included in Annual
Budget

or

Approved at Meeting
(Date: / /)

Check Payable To:	Amount:
Full Address: (Your check will be mailed to you.)	
Receipts(s) totaling the amount of reimbursement must be attached.	
Approved by (PTO Officer):	Date: / /
Approved by (PTO Officer):	Date: / /

For Treasure's Use Only: Category _____ Check# _____ Date _____ Logged _____