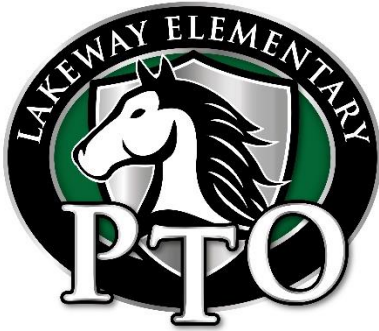


LWE PTO Reimbursement Form**



Personal Information

Date: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Purchase Details

Make Check Payable to: _____

Total Amount of Purchase: \$ _____

Reason for Reimbursement: _____

Please attach receipt(s) for the total amount to the back of this form.

Please mail me my check.

I will pick up my check.

Treasurer's Box

Budget Line Item: _____

Check #: _____ Check Dated: _____ Initials: _____

Included in annual budget

Approved at meeting (meeting date: _____)

****The PTO cannot reimburse sales tax**

Thank You! Your PTO Treasurer

Questions? lweptotreasurer@gmail.com