



DISCOVERY ELEMENTARY SCHOOL PTO

Volunteer Expense Reimbursement Form

Date Submitted: _____

NAME: _____ Email/Phone _____

Amount Requested: \$_____

Check Payable to _____

❖ If you would like the check to be given to your child to take home, please provide:

Child's Name _____

Grade & Teacher _____

❖ If you would like to pick up the check in person, please contact the PTO Treasurer :
discoveryptotreasurer@gmail.com

****Original receipt(s) totaling the amount of reimbursement must be attached**.**

(If other items were purchased on the same receipt, please circle the items for this request.)

*Please list each
receipt with
amount applied to
reimbursement:*

	\$
	\$
	\$
	\$
	\$

Date of event or activity: _____ Total Amount \$ _____

Requestor's Signature _____ Date _____

Approved by (PTO Officer) _____ Date _____

FOR PTO USE ONLY

Total Amount: _____ Account Charged: _____ Date paid: _____ Check #: _____