

Orrville PTO
Teacher Reimbursement Request
Red Rider Re\$ource

Your Name:	Phone: ()
Brief Description of Items Purchased/Project:	
Date Purchased: / /	Date Submitted: / /
Make Check Payable to:	Amount: \$
Address: (if check is to be mailed)	

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

Principal Approval:	Date: / /
PTO Approval:	Date: / /

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For Treasurer's Use Only: PTO Member Included in Budget

Category _____ Check# _____

Date _____

Date Mailed _____