



Roberta Road Middle School

PTO Reimbursement form

Name: _____

Budget:
(Circle One)

Admin Expense	Giveback: Teacher Reimbursement	Teacher/Staff Appreciation	Student Recognition	Fundraising	Spirit Gear	Other: _____
---------------	---------------------------------	----------------------------	---------------------	-------------	-------------	--------------

Date of Expense: _____ Date Submitted: _____

	Expense Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	Total:	

Board Approval: _____ Check #:

Treasurer: _____ Date: _____

Note: Attach all ORIGINAL receipts to back of reimbursement form at time of request