

# LONGFELLOW P.T.O

## Reimbursement Form

Request For (Event, etc.): \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \$

SIGNATURE **\*REQUIRED\***: \_\_\_\_\_

SUBMISSION DATE (MM/DD/YYYY): \_\_\_\_\_

DATE NEEDED BY (MM/DD/YYYY): \_\_\_\_\_

### Office Use Only:

Date Paid: \_\_\_\_\_ Check Number (if Applicable) \_\_\_\_\_ Treasurer Initials: \_\_\_\_\_ President Initials: \_\_\_\_\_

Credit/Debit - Vendor Name to appear on Bank Statement: \_\_\_\_\_

All requests should be made at least **two weeks** before invoice date.

*Reminder that PTO does not reimburse for Sales TAX*

*Reimbursements will only be accepted until the Last Day of School - No Exceptions*

*Receipts / Invoices Must be attached to this form.*

Please send an email to [bglongfellowpto@gmail.com](mailto:bglongfellowpto@gmail.com) for any questions or concerns

### PAYMENT DETAILS:

PAYMENT TYPE: ☐ Payment to Vendor ☐ Reimbursement

PAYMENT METHOD: ☐ Credit/Debit ☐ Check ☐ Cash Stipend\*

*\*Cash Stipend (Typically for Staff Spirit Wear Reimbursements)*

Reimbursement by Check (if applicable):

ISSUE CHECK TO: \_\_\_\_\_

Please Print PAY TO Name for Check

If Check is required to be mailed, please note mailing address above or any other pertinent information