

KES PTO Reimbursement Form

Date: _____

Requested by: _____

Purpose/ Event for Reimbursement: _____

Payable to: _____ Payable Amount: _____

Funds Distribution: ☐ Send home with student (Name/ Teacher) _____

☐ Mail to the following address: _____

Breakdown of reimbursement request:

Reimbursement Description	Purchased From	Amount



Receipts must be attached for reimbursement



Select one:

Approved by KES PTO Treasurer (Signature) _____

Approved by KES PTO President (Signature) _____

Date of Reimbursement Distribution _____