

Homestead PTCO Reimbursement Request

Use this form to request reimbursement for a PTCO sponsored event.
Please submit requests no later than 30 days after the event.

Date: _____

Event Name: _____

Reimbursement Total: \$ _____

Description of Payments made (i.e. Printing Services, Admission: # tickets at \$): _____

Payee if different than Requestor: _____

******All reimbursement requests must be accompanied by receipt(s) or an invoice******

Requestor Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please choose one:

- Leave my check in the Treasurers box in the Main Office
- Mail my check to me at the address above
- Send my check home with my child (complete section below)

Child Name: _____ Grade: _____ Teacher: _____

All reimbursement requests should be directed to
Krissie Marotto (415) 505-2144; treashomesteadptco@gmail.com

For Treasurers use only:

Date paid: _____ Check #: _____ Account: _____

