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:			
Description of Payı	ments made (i.e.	Printing Services,	Admission: # tickets at \$):
Payee if different the	an Requestor:		
****All reimbu	rsement request	s must be accom	panied by receipt(s) or an invoice****
Requestor Information	tion:		
Name:			
Please choose one ☐ Leave my check		box in the Main O	ffice
☐ Mail my check to			
☐ Send my check h	nome with my child	I (complete section	n below)
Child Name:		Grade:	Teacher:
	All reimbu Lara Girtin (720	rsement requests) 878-1865; <u>treast</u>	should be directed to nomesteadptco@gmail.com
For Treasurers use o	only:		
Date paid:	Check #: _		Account:

