

CORNWALL CENTRAL MIDDLE SCHOOL PTO

REIMBURSEMENT REQUEST

Date Submitted _____

Name _____

Phone # _____

Address _____

Project _____

Description of Expenses _____

Amount \$ _____

If different than person above submitting request...

Check Payable To _____

Address _____

Approved By (PTO Officer) _____

Date _____

For Treasurer's Use Only

Date Paid _____

Check # _____

Date Logged _____