

# Jefferson PTO Reimbursement Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Department or Event \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

Reason for purchase: \_\_\_\_\_

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Item/s purchased:

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Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**TO QUALIFY FOR REIMBURSEMENT, COPIES OF RECEIPTS MUST BE ATTACHED**

Reason, if different from requested amount or denial: \_\_\_\_\_

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