

CONANT SCHOOL PTO REIMBURSEMENT FORM

Date:

Amount of reimbursement:

Staff or Parent requesting reimbursement:

Name:

Email address:

Phone:

Check payable to:
(If different from above)

Type of reimbursement (please check one)

Student Financial Assistance

Fundraising (please specify activity)

PTO Committee-related

Sixth Grade Activity

Other (please specify)

Detailed description of item (required):

.....
For Treasurer's Use

Check #:

Date Issued (mm/dd/year):

Category: