

REIMBURSEMENT REQUEST

— Use this form for purchases made on behalf of the COH PTO using personal monies. Note- in most cases, tax will not be reimbursed.
Cornwall on Hudson Elementary School PTO

Name:	Contact #:	
Event / Fundraiser:		
Reason for Reimbursement:		
Check Payable To:	Amount:	
PLEASE CHOOSE HOW YOU WISH TO RECEIVE YOUR CHECK: (Choose ONE)		
Mail check to:	Send check home with my child: Child's Name: _____ Teacher: _____	Leave the check in PTO mailbox and I will pick it up.

Receipt(s) totaling the amount of reimbursement must be attached. Please keep a copy for your records.

In accordance with our bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied.

Approved by (PTO Officer): _____ Date: _____

Approved by (PTO Officer): _____ Date: _____

For Treasurer's Use Only:

Check #: _____ Date: _____ Entered: