



5550 44<sup>th</sup> Avenue South  
 Fargo, ND 58104  
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## Reimbursement Request

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Check Payable to \_\_\_\_\_

❖ *If you would like the check to be given to your child to take home, please provide:*

Child's Name \_\_\_\_\_ Grade and Teacher \_\_\_\_\_

❖ *If you would prefer to have the check mailed to your home, please provide:*

Full Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Original receipt(s) totaling the amount of reimbursement must be attached\*\*.**  
*(If other items were purchased on the same receipt, please circle the items for this request.)*

*Please list each receipt with amount applied to reimbursement:*

	\$
	\$
	\$
	\$
	\$

Project/Category \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Included in annual budget or  Approved at meeting (date \_\_\_\_\_ )

Reason for Reimbursement \_\_\_\_\_  
 \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

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 For Treasurer's Use Only

Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

