

# Harrington Hartford School PTO

## Reimbursement Request

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

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

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

Full Address:

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*Your check may be mailed to you.*

Your Signature: \_\_\_\_\_

Project/Account: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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

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***Receipt(s) totaling the amount of reimbursement must be attached.***

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For Treasurer's Use Only

Check # \_\_\_\_\_ Dated: \_\_\_\_\_ Logged: \_\_\_\_\_

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