

Harrington Hartford School PTO

Reimbursement Request

Your Name: _____ Phone: _____

Date Submitted: _____

Check Payable to: _____

Full Address:

Your check may be mailed to you.

Your Signature: _____

Project/Account: _____ Amount \$ _____

Reason for Reimbursement: _____

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

For Treasurer's Use Only

Check # _____ Dated: _____ Logged: _____
