



Hatton Elementary School PTO

Reimbursement/Payment Request

Name: _____ Phone: _____

Date Submitted: _____

Check Payable to: _____

Mail to this address: _____

Hand deliver to: _____ Grade/Teacher: _____

Date Mailed/Delivered: _____

Committee: _____ Amount: \$ _____

Reason for Reimbursement/Payment: _____

Receipt(s) totaling the amount of the reimbursement must be attached. In accordance with our Bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied.

If this is a bill that requires payment, attach the bill to this form and the Treasure will mail it.

For Treasure's Use Only

Account: _____ Check #: _____ Date: _____ Logged: _____