



**WOODVIEW PTO REIMBURSEMENT FORM
SCHOOL YEAR 2015-2016**

ISSUE CHECK TO:

Name _____

Address _____

AMOUNT: _____

REQUESTED BY:

Name _____ Date _____

Email/Phone _____

EVENT/ACTIVITY: _____

EXPENSES TO BE REIMBURSED: (please attach all original receipts)

Date of Purchase	Description	Amount	PTO Program

AUTHORIZED BY: _____ DATE: _____

(Committee Chairperson or PTO Board Member)

INSTRUCTIONS:

Reimbursement requests **MUST** include all **ORIGINAL** receipts and need to be submitted within **30** days of event/activity. Please put form and receipts in an envelope addressed to "PTO Treasurer" and place in the PTO Treasurer mailbox in Woodview's front office. If you have any questions, please contact either treasurer. Alicia Ernst: 708-917-0177 or alicia.ernst22@gmail.com OR Matt Deheck: 847-312-1230 or bratwursted@yahoo.com

-----For Treasurer Use Only-----

Check # _____ Check Date _____ Recorded _____