

LWE PTO Reimbursement Form

(when you need reimbursement for an expense)

Personal Information



Date: _____

Name: _____

Address: _____

City/Zip: _____

E-mail: _____

Phone: _____

Account Information

Make Check Payable to: _____

Total Amount: \$ _____

Reason for Reimbursement: _____

Please attach receipt(s) for the total amount to the back of this form.

Please mail the check to me. I will arrange to pick up the check.

Treasurer's Box

Check #:

Check Date:

Check Amount:

\$ _____

Budget Line Item:

Final Details

Processed by (PTO Treasurer):

Date:

→ Thank you!!