

Melridge Elementary PTO

Teacher Reimbursement/Check Request Form

| RECIPT DATE | DESCRIPTION | AMOUNT |
|-------------|-------------|--------|
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| | | |
| Total | | |

Teacher Signature/Date (Name Printed)

| DATE OF REIMBURSEMENT | CHECK NUMBER | AMOUNT |
|-----------------------|--------------|--------|
| | | |

Presidents/Treasurers Signature/Date

*Please attach all receipts for the current school year to the back of this form.

Thank you!!