



Hillside School PTO

Reimbursement Request Form

Treasurer: Colleen Burns (c.a.burns18@gmail.com) (703)-677-6341

Please attach your original receipts and/or invoices and submit to treasurer **within 30 days** of incurring the expense.

Requested by: _____ Date requested: _____

Phone: _____ E-mail: _____

Amount requested: \$ _____

Make check payable to: _____

Name of event/activity/fundraiser: _____

Reason/purpose for check: _____

Method of return:

- I will pick it up at the next PTO meeting
- Send check directly to vendor/business (Address is above in the 'make check payable to' section)
- Please send it home with my child: _____
Child's name, teacher & grade
- Please mail it to my home: _____
Full mailing address

FOR USE BY TREASURER

Date paid: _____ Check #: _____

Notes: _____