

HARVARD PTO

REQUEST FOR REIMBURSEMENT

Submitted by: _____ Date: _____

Address: _____

Phone: _____ Amount Requested: _____

Program (i.e. fall fete, Earth Day fair): _____

Reason for Expense: _____

Signature: _____

PTO Use Only

Check #: _____

Date: _____

Budget Line: _____

Attach receipts and submit within 2 weeks of purchase. You will be reimbursed within 2 weeks from submission date. Return to PTO mailbox at HES or Mail to:

HARVARD PTO
P. O. BOX 488
HARVARD, MA 01451