

Classroom Supplies Reimbursement Form

Approved Amount: \$125

- Complete this form
- Attach all applicable receipts
- Submit the form and receipts to Jill Barnhardt for approval
- A check will be issued once the form and receipts are reviewed by the PTO Treasurer

Any questions please email peasleepto@yahoo.com

Teacher Name: _____ Grade/Special: _____ Date: _____

Items Purchased:

Amount Requested (attach receipts):\$ _____

Signature: _____

Approvals:

Principal: _____ Date: _____

Treasurer: _____ Date: _____

Check #: _____ Amount: \$ _____ Date Issued: _____