

# NORTH STONINGTON P T O {REIMBURSEMENT FORM}

Your Name:

Phone Number: (        )        -

Form Submission Date:    /    /

Check Needed By:    /    /

Budget Line Item Money is Coming From:

Reason for Reimbursement:

Store/Vendor:

Check Amount: \$

Address to Send Check:

Which of the following is attached:

- Bill
- Invoice
- Receipt

Please check one of the following

- Included in annual budget
- Approved at meeting

Date of meeting:    /    /

Approved by (Committee Chair Person):

Date Signed:

/    /

Approved by (Treasurer):

Date Signed:

/    /

Treasurer's Use Only

Budget Line Item \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_