



MARIA HASTINGS PTO REIMBURSEMENT REQUEST

Date: _____

Name of Person Making Request: _____

Amount Requested: \$ _____ . _____ (Please attach receipts/contract/invoice, etc.)

Make check payable to: _____

Committee/Event/Class Function: (e.g. Spring Fair, ACT)

Description of Expense:

Date needed: _____ (Please allow at least 10 business days or indicate if needed sooner)

Phone Number: _____

Email: _____

Address to remit payment to:

Submit completed form and receipts/invoices to the PTO Treasurer via email at treasurer@hastings-pto.org or place in PTO Treasurer folder in Hastings lobby. Electronic submission is generally preferred and will help expedite your request.

NOTE: Request for reimbursement of expenses must be received within 30 days of date of expense being incurred or by June 30th, whichever is earlier.

For Treasurer's use only: Check # _____ Check Date: _____