Lawrence Elementary PTO





Please attach all receipts and other applicable supporting documentation (e.g. purchase orders, contracts, etc) to this form using an additional 8.5 x 11 sheet of paper. Please confirm your account has the positive balance needed to cover the reimbursement. For specific questions, please email our PTO Treasurer at lawrenceptotreasurer@gmail.com. Thank you!

Name:			
Date of Request:			
Amount \$:			
Purchase Date:			
Purpose of funds being reimbursed:			
Account to be Deducted: (Name of teacher of committee on blank line)			
Teacher/Staff Account			
☐ PTO General Fund ☐ PTO Committee			
Signature of	Please note that if the all account holders mu	money is to be taken from I	multiple accounts,
Requestor(s)	an account noiders mu	31 3igii.	
For Treasurer's Use Only			
Date Paid		Check Number	
Category			
category			