



Jacob Wismer PTO Funds/Reimbursement Request

Date: _____ Budget Category _____

Person making request _____

Phone number _____ Email address _____

Amount of funds/reimbursement: _____

Description of Item(s) Purchased:

Make check payable to: _____

How would you like to receive check? (Check one)

Send home with child Child's name: _____

Child's teacher: _____

Mail Address: _____

Please attach ALL receipts to this form.

****NO REIMBURSEMENTS WILL BE ISSUED WITHOUT RECEIPTS****

For PTO Treasurer's Use: Check# _____ Date: _____

Please return this form to the PTO Treasurer's Box in the school office.