

EHRMAN CREST PTO

TEACHER/STAFF REIMBURSEMENT REQUEST FORM

Must be submitted for approval to admin to verify their funds will not be used.

Receipts **REQUIRED** for all items included on this request. Please allow up to 1 month for processing. Please email EC PTO's Treasurer AubreyEhrmanCrestPTO@gmail.com directly with any questions.

Contact Name and Grade (if applicable):

-
- ☐ Homeroom
 - ☐ Specials
 - ☐ Clubs

Amount Requested: \$ _____

Email Address: _____

Submitted by: _____

Date: _____

Admin: _____

Approved: Yes _____ NO _____ Reason: _____

****All Invoices/Receipts must be dated & not over 90 days old****

PTO Use Only

Approved By: _____

Treasurer Approval: _____

Date: _____

Payment Date	Check Number	Date

**** All Checks will be voided after 180 days if not cashed ****