Southland PTO Reimbursement Request

Name:			Date:			
Date	Purchased From	Event/Purpose (Specify budget line to charge if known)	Teacher & Grade (include AM or PM if Kindergarten)	Pre-Tax Amount	Tax Amount	Total
			TOTALS			
Name & A	Address: this form and "attach	n" (i.e. scans or pictur	eimbursements in case che res) receipts and send OR ff in the PTO Box in th	to <u>Southland</u>	<u>PTOTreasurer</u>	@gmail.com
	·	thlandPTOTreasurer@	UT 84065) attention Pogemail.com if you have	e any questic	ons or concern	s.
_	For PTO use: Approval from Treasurer, President, President Elect or Secretary (2 signatures required)					
			Date: Date:			
Check			Date Issued:			
2.7201		s:				