

Rose Hill PTC  
**Reimbursement Request**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Project/Account \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reason for Reimbursement \_\_\_\_\_

*Included in annual budget.....or.....*  *Approved at meeting (date \_\_\_\_\_)*

Check Payable to \_\_\_\_\_

Full Address

\_\_\_\_\_  
*Your check will be mailed to you.*

*Date Mailed* \_\_\_\_\_

***Receipt(s) totaling the amount of reimbursement must be attached.***

Requester \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

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For Treasurer's Use Only

Account \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

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