

RMAE PTO
Reimbursement Request

Your Name _____

Date Submitted _____

Check Payable To _____

Address _____

(Unless other arrangements have been made, your check will be mailed to the address provided.)

Project/Account _____ Amount _____

Reason for Reimbursement _____

Receipts totaling the amount of reimbursement must be attached. In accordance with our Bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied.

(For Treasurer's Use Only)

Account/Budget Area _____

Check # _____

Date _____

Logged _____