

Saline High School PTO Reimbursement Information Sheet

Please use this form to obtain reimbursement for PTO related expenses or for teacher field trip allowances. Please email this form along with copy of receipt/s to salinehsptotreasurer@gmail.com. **Request must be submitted by June 1st.**

Make Check Payable to: _____

Your Name if Different from above: _____

Email: _____

Date Requested: _____ Amount Requested: _____

_____ Classroom Funds (up to \$100) OR

Event/Activity Expenses are related to: _____

Payment Information

How would you like to receive your check – please check one:

___ Mail to SHS Office

___ Mail to me – address: _____

For Treasurer's Use Only

Approved: Yes No

Explanation for No: _____

Check # _____ Date: _____ Amount: _____ Charge to Account: _____