Cucinella PTO
470 Naughright Rd, Long Valley, NJ 07853

Reimbursement Request / Debit Submission

Date Submitted _____

Your Name: _____ Phone: _____

1. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

2. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

All receipt(s) totaling the amount of your reimbursement must be attached.

Check Payable to: _____
Address (your check will be mailed to you): _____
_____

Total Amount of Reimbursement $ _____

☐ Included in annual budget or
☐ Approved at meeting (date _____)

Approved by (PTO Officer) _____ Date _____
Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only
Check # _____ or Online pay ref # _____ Dated _____
Date Mailed _____ Logged _____ Account / Category: _____

3. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

4. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

5. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

6. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

7. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____

8. Project/Category: _____

Reason for Reimbursement: _____

Date Purchased: _____ In-Person: _____ On Line: _____

Name of Retailer/Vender: _____ Amount $ _____