

PTSO REIMBURSEMENT REQUEST

Requester Name:		Requester Phone:	
Requester Email:		Committee:	
Reimbursement to:			

Mailing address:

EXPENSES DETAIL (PLEASE ATTACH ORIGINAL RECEIPT(S))

Date	Paid to	Description	Amount
		Total	

Signature

Date

Please mail reimbursement request form and original receipt(s) to:
 Newton South PTSO
 c/o Debora Compton
 15 Orchard Avenue, Waban, MA 02468