



Lowry Elementary PTO Reimbursement Request

Requestor and Recipient's Information

Requestor's Name: _____

Date: _____ Check Amount Request: _____

Check Payable to: _____

Needs Mailing? Yes No

Mailing Address: _____

Expense Category

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Aviator Fund | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Enrichment | <input type="checkbox"/> Science Fair | <input type="checkbox"/> Auction |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Garden | <input type="checkbox"/> Other |

Please Provide a Description of your Request: _____

PTO Approval Info Only

Approved By: _____

Date: _____

Date Received by Treasurer: _____

Check #: _____