



Lowell Elementary Parent Teacher Organization

Reimbursement Request Form

Please include all receipts

Name:	Email:
Reason for Reimbursement:	
Event Support (Which event)	Fundraising Support(Which fundraiser)
Included in Annual Budget?	Voted on at Meeting (Date: / /)
Check Payable to:	Amount:
Approved by:	Date:
Approved by:	Date:

Treasurer Use Only

Category:

Check#:

Date: