



**Lowell Elementary Parent Teacher Organization**

*Teacher Reimbursement Request Form*

*Please include all receipts*

*Please have Stacy sign for approval*

Name:	Email:
Reason for Reimbursement:	
Check Payable to:	*Amount:
Principal Signature:	Date:

\*Teachers are reimbursed up to \$75 for expenses.

Treasurer Use Only

Category:

Check#:

Date: