

# Reimbursement Request

GRATTON PTO

YOUR NAME:		PHONE:	
		(      )      -	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE MAILED:	
/      /		/      /	
REASON FOR REIMBURSEMENT:			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET      or <input type="checkbox"/> APPROVED AT MEETING (DATE: / / )			
CHECK PAYABLE TO:		AMOUNT:	
		\$	
FULL ADDRESS: (Your check will be mailed to you.)			

Receipt(s) totaling the amount of reimbursement must be attached.

APPROVED BY (PTO OFFICER):	DATE:
	/      /
APPROVED BY (PTO OFFICER):	DATE:
	/      /