

**OCEAN PALMS ELEMENTARY PTO**  
**REIMBURSEMENT REQUEST**

**Your Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Items:**

**Amount:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total:** \_\_\_\_\_

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

Treasurer Initials: \_\_\_\_\_

Date: \_\_\_\_\_