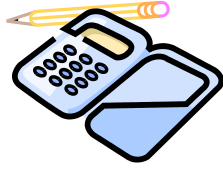


**PTO REIMBURSEMENT REQUEST FOR ROOM PARTY**



**\*\*Note: All reimbursement requests must be accompanied by receipts (please attach to the back).  
The request form must be turned in within 30 days after the Room Party. The form must be  
signed on the Signature of Requestor line.\*\***

**Requested By (Please Print):** \_\_\_\_\_ **Date of Request: (must be turned in w/in 30 days)** \_\_\_\_\_

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**Amount Requested: (No more than \$30.00)**

\$	
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**Store/Vendor/Supplier Name:**

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**Description of Expenditures:**

<b>Room Party (please circle one):</b>	<b>Fall</b>	<b>Winter</b>	<b>Valentine's Day</b>
<b>Teacher's Name:</b>			

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Requestor**                      **Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Approved by**                                      **Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Approved by**                                      **Date**

**FOR OFFICER USE ONLY:**

<b>Reimbursed Amount</b>	<b>\$</b>
<b>Check #</b>	<b>#</b>
<b>Voucher #</b>	<b>#</b>