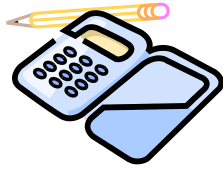


PTO REIMBURSEMENT REQUEST



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

Requested By (Please Print):

Date of Request:

--	--

Amount Requested:

\$	
----	--

Store/Vendor/Supplier Name:

--

Description of Expenditures:

_____/_____/_____
Signature of Requestor **Date**

_____/_____/_____
Approved by **Date**

_____/_____/_____
Approved by **Date**

FOR OFFICER USE ONLY:

Reimbursed Amount	\$
Check #	#
Voucher #	#