



CUTHBERTSON MIDDLE SCHOOL **PTSO**

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REIMBURSEMENT REQUEST FORM

Date Requested/Submitted:	Requestors Name:	Phone Number:
		Email:
Project/Expense Category:	Budgeted (\$):	
	PTSO Approved Date: ____/____/____	
Reason for Reimbursement:		
Check Payable To:	Check Amount:	
Address (for mailed checks):	Requestor's Signature:	
<p>Policy: Receipts are required for all reimbursements. Approvals must be obtained from the PTSO Executive Board before check can be issued by the Treasurer. Failure to provide receipts or obtain approval may result in delay or rejection of reimbursement request.</p>	PTSO Executive Approval: Name: _____ Date: ____/____/____	
<p style="text-align: center;">All reimbursement requests submitted will be processed each week and check payment will be available Friday the following week.</p>		Signature:

For Treasurer's Use Only:

Check #:	Amount Issued:	Charged To:	Date Processed:	Booked:
Comments:				Reference #: