

# Greensview Elementary School PTO

(Updated version 11/14/2022)

**Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**Reason for Reimbursement (Please name specific event)**

\_\_\_\_\_

**Date of Purchase/s** \_\_\_\_\_

*\*All requests must be submitted within the PTO's fiscal year in order to be reimbursed. The fiscal year runs from July 1 to June 30. If your purchase was made in the previous fiscal year, please state reason below. PTO cannot guarantee reimbursement from previous fiscal year/s.*

**Amount Requesting Reimbursement** \_\_\_\_\_

*\*Please note that unless you used the EIN# for Greensview for your purchases, PTO is unable to reimburse your sales tax.*

**Was the purchase previously approved by the PTO?** \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

**Please attached all receipts to this form.**

**Please email completed form and attached receipts to the following:**

greensviewelempto@gmail.com