

MOHEGAN SCHOOL PTO

Reimbursement Request

Your Name: _____ Phone: _____

Date Submitted: _____

Check Payable to: _____

Full Address: _____

Your check will be mailed to you unless otherwise requested.

Project/Event: _____ Amount \$ _____

Reason for Reimbursement: _____

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

**Once this form is complete, please email to Cristina Dell'Orco at
Moheganschoolpto@gmail.com or call (203) 362-8348**

Once approved, a check will be issued to the Payee requested and mailed if an address is provided. Otherwise, it will be placed in the PTO drawer in an envelope to your attention.

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Check # _____ Dated: _____ Date Mailed: _____ Logged: _____

Account posted to: _____
