

Reimbursement Request		
Benjamin Elementary School PTO		
Name	Email	Phone:
Board Expense Category:	Committee/Line Item:	
Submitter:	Board/Committee Chair Approval:	
Description of expense/event:		
Date Submitted:	Payable To:	Amount:
<i>Below to be completed by PTO Treasurer</i>		
Date Paid:	Check #	Date Cleared:

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