

Lighthouse / Beacon Cove PTO

REIMBURSEMENT REQUEST



Date: _____

Committee Name: _____

Make check payable to: _____

Phone number / email address: _____

Check delivery: PTO mailbox: _____ *(or other campus box* _____ *)*

OR - via child's classroom teacher and backpack: Teacher: _____

Amount of check: _____

Description of reimbursement:

***ALL original receipts MUST be attached to this form to receive reimbursement!!**

***Refund checks will be written within 1 week.**