



Reimbursement Request Form

Your Name: _____ Phone: _____

Email: _____

Purpose/Event: _____

Date Incurred: _____ Date Submitted: _____

**If the total amount requested is greater than \$100,
an approval signature is required below.**

Approval Signature Below Approval Signature Not Required

Number of Receipts Attached: _____ Reimbursement Amount: \$ _____

Please make check payable to: _____

I will pick up my check at the BCE Office

Please mail my check to: _____

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

Approval Signatures:

Approved by (PTO Officer): _____ Date: _____

Approved by Treasurer: _____ Date: _____

For Treasurer's Use Only Category _____ Check No. _____ Date _____ Logged _____