

Hoffman Trails Elementary PTO Reimbursement Request Voucher

Please complete the following, attach receipts and put in the PTO mailbox:

Date _____

Form Submitted by: _____

Make Check Payable to: _____

Please have the Treasurer (choose one):

Place the check in the PTO mailbox or Teacher's mailbox

Send check home via Backpack Express (info below)

Childs Name: _____

Child's Teacher's Name: _____

Mail Check to this address: (Business Only) _____

<i>Quantity</i>	<i>Description</i>	<i>Amount \$</i>

Total Due\$ _____

PTO Committee: _____

Committee Chairperson Signature: _____

Treasurer Signature: _____

For Treasurer's use only	
Paid Check# _____	Date _____
Check Delivered to recipient via:	
<input type="checkbox"/> Personally	<input type="checkbox"/> Teacher's Mailbox
<input type="checkbox"/> PTO Mailbox	<input type="checkbox"/> Mailed to address listed above (Business) <input type="checkbox"/> Backpack Express