



# 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: \_\_\_\_\_

Choose One:

Please place the check in the PTO mailbox or Teacher's mailbox

Please send check home via Backpack Express (info. Below)

Child's Name: \_\_\_\_\_

Child's Teacher's Name: \_\_\_\_\_

Mail Check to this address:  
(Business Only)

\_\_\_\_\_  
\_\_\_\_\_

Quantity:	Description:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Due: \_\_\_\_\_

PTO Committee: \_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

For Treasurer's Use: Paid Check # \_\_\_\_\_ Date: \_\_\_\_\_

Check Remitted via:	_____	_____	_____
_____ Personally	_____ Teacher's Mailbox	_____ Address Above	
_____ PTO Mailbox	_____ Backpack Express		