

2020-2021

When completing the form, **please make a copy and use a color other than black.**
Send this and a copy of your receipt to lamsptotreasurer@gmail.com.

Los Alamos Middle School PTO

Reimbursement Request

Name: _____ Room # _____

Date: _____ Amount \$ _____ Pay To:

Purpose of Funds Being Reimbursed: _____

Mailing Address (because of COVID 19 checks will be mailed rather than dropped off at school)

Signature: _____

Note: Attach pictures of all receipts and other applicable supporting documentation (i.e., purchase orders, contracts, etc., to this form.)

Please email this form and supporting documents to Chris Jordan at lamsptotreasurer@gmail.com

For Treasure's Use Only

Date Paid: _____ Check # _____

Approved by PTO Officer by email: _____