2024-2025 LAMS PTO Reimbursement Form

- Full Time Certified up to \$150/school year (5/6 classes taught between A/B days)
- Less than 5/6 classes taught between A/B days = \$30/class
- Classified staff up to \$25/school year
- Staff may combine and/or donate funds to other staff members. Ask about our Grant requests.

Name:			Room #	
Date:	Amount: \$	Pay To:		
•	Being Reimbursed:			
Note: Attac	h pictures of all receipts and a	applicable supporting do	cumentation to this form.	
No receipt, no reimbursement. The last day to submit this form is May 14, 2025.				
Please email this fo	orm and supporting documents to	Kylie Stewart at LAMSptoTr	reasurer@gmail.com or you may put	
this form and a cop	y of your receipts in Ms Gross' sc	hool mailbox or classroom	(262).	
For Treasurer's Use Only: Date Paid:			Check #	
202	24-2025 LAMS P	FO Reimburse	ement Form	
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Name [.]			Room #	
	Being Reimbursed:			
Signature:				
Note: Attac	h pictures of all receipts and a	applicable supporting do	cumentation to this form.	

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For Treasurer's Use Only: Date Paid: _____

Check # _____