



Reimbursement Request

Name:

Phone:

Project/Category:

Date Submitted: / /

Please select one of the following for reimbursement:

- Please leave my check in the PTO mailbox located in the Cross Timbers mailroom across from the front office. It will be in an envelope with your name.
- Please leave my check in my mailbox in the Cross Timbers mailroom (CT teachers and staff only).
- Please send my check home with my child, _____.
His/her teacher is _____.
I take responsibility for the check once it is given to the student.
- Please mail me my check. My address is _____.

****Attach All Receipts or Invoices**** Reimbursement Total \$_____.

Please turn receipts in as soon as possible after purchase. No reimbursement will be given after 90 days of the event. Checks not cashed before the end of school year will become null and void.

All requests will be reviewed on the last day of the month and subsequent payment will be provided within one week.

Received by:

Check # Issued: