



# BOWEN ELEMENTARY SCHOOL PTO COMMITTEE REIMBURSEMENT FORM

Name

Committee

Date

Email

Phone

REIMBURSEMENT CHECK

Pickup

OR Mail To

**Procedures:**

Include the original detailed receipt for each purchase to this form.  
 Circle or highlight the amounts on each receipt requested for reimbursement.  
 Place completed form and receipts in an envelope addressed to Bowen PTO Treasurer and put it in the blue Treasurer's Box in the school lobby or mail it to Bowen PTO, 280 Cypress St., Newton, MA 02459.  
 For your records, please photocopy your reimbursement request and receipts.  
 Committee members must submit their reimbursement request within 30 days of conclusion of the committee event. Receipts for different events/committees require separate forms!  
 Expenses must be approved by the committee chair, when appropriate.

Date	Description and Purpose of Expense	Total \$ Amount
Total Amount Due:		<input style="width: 100%;" type="text"/>

Questions?  
 Treasurer: [treasurer@bowenpto.org](mailto:treasurer@bowenpto.org)  
 Co Chairs: [chair@bowenpto.org](mailto:chair@bowenpto.org)

**For Internal Use Only:**

Amount Paid:	<input type="text"/>	Date:	<input type="text"/>	Check Number:	<input type="text"/>	By/Entered:	<input type="text"/>
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