

Claymont PTO Reimbursement Request Form

Date: _____ Amount: \$ _____

Name: _____ Phone: _____ Email: _____

Address: _____

Child's Name: _____ Child's Teacher & Grade: _____

ATTACH SALES RECEIPTS TO THIS FORM

IMPORTANT NOTE: Please use a tax-exempt letter for purchases (copies available in the school office or on the PTO website) as **sales tax can not be reimbursed**. Your reimbursement will be sent to the address noted above.

Please indicate the appropriate committee and/or event related to this request:

- | | |
|--|--|
| <input type="checkbox"/> Abilities Awareness Day | <input type="checkbox"/> Misc PTO |
| <input type="checkbox"/> Enrichment Experience | <input type="checkbox"/> Multicultural Night |
| <input type="checkbox"/> Back to School Staff Gift | <input type="checkbox"/> Red Ribbon Week |
| <input type="checkbox"/> Beautification | <input type="checkbox"/> Room Parent Fund |
| <input type="checkbox"/> Benevolence / Claymont Assistance | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Cardinals Night | <input type="checkbox"/> Talent Show |
| <input type="checkbox"/> Family Night | <input type="checkbox"/> Teacher Grants |
| <input type="checkbox"/> Fifth Grade Week | <input type="checkbox"/> Trivia Night |
| <input type="checkbox"/> Fun and Fitness | <input type="checkbox"/> Trunk or Treat |
| <input type="checkbox"/> Insurance / Taxes / Accounting | <input type="checkbox"/> Welcome Events and Gift |
| <input type="checkbox"/> Kids Vote | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Other _____ | |

Thank you!

TREASURER USE ONLY:

Rcvd: _____ Amount: _____ Date Paid: _____ Check #: _____