

Reimbursement Form

Contact Information

Date: _____

Name: _____

Email: _____

Reimbursement Information

Check payable to: _____

Amount to be reimbursed: \$_____

Address if check is to be mailed:_____

Event: _____

Description of items being reimbursed: _____

Please attach receipts and return this form to the Treasurer folder in the PTO mailbox. You may also send receipt copy and completed PDF form to treasurer@cornellpto.org

PTO Information Only

Date Received:_____

Check Number:_____

Date Debited:_____

Date Mailed:_____