



## St. Anne School PTO Reimbursement Form

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**Date of Request:** \_\_\_\_\_

**Amount of Reimbursement:** \_\_\_\_\_

(Please attach all receipts to Reimbursement Form. We cannot issue reimbursement without receipt.)

**Event name reimbursement relates to** (Movie Night, Grandparents Day. Etc.):

\_\_\_\_\_

**Payee:** \_\_\_\_\_

**Payee Address:** (All reimbursement checks will be mailed to Payee. We will no longer send checks to school office or place in student back packs.)

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**Please send Reimbursement Form and receipts to Sandy Folts c/o Isabella Folts - Grade 5 or mail to: Sandy Folts - 376 Arbor Road, Lancaster, PA 17601.**

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PTO Approval Signature: \_\_\_\_\_

PTO Check No.: \_\_\_\_\_

PTO Check Date: \_\_\_\_\_

Date Mailed: \_\_\_\_\_