



Funds Reimbursement Request Form

Name _____

Phone # _____

Email _____

Date Submitted _____

Check Payable To: _____

Amount \$ _____

Pick Up Check at School

Mail Check

Name and Address check is to be mailed to

Reason for Reimbursement

A receipt with only the items being reimbursed MUST be attached.

Submit the completed form to the LHES Office in the PTO Treasurer Inbox drawer.
Questions? Contact PTO at langstonhughespto@gmail.com
Copies of this form and all attachments should be made for your records.

Treasurer Use Only		
Budget Line Item _____	Paid on _____	Check # _____