



FRANK BLACK MIDDLE SCHOOL PTO TEACHER REIMBURSEMENT

*** RECEIPTS MUST BE ATTACHED*
(IF NECESSARY TAPED TO A SHEET
OF ADDITIONAL PAPER)**

TEACHER'S NAME: _____
PAYABLE TO: _____
ADDRESS: _____

PHONE NUMBER: _____

DATE: _____
TEACHER'S EMAIL ADDRESS: _____
TEACHER'S PHONE NUMBER: _____
GRADE/SUBJECT: _____

DATE	INVOICE NUMBER	PLACE OF PURCHASE	ITEM DESCRIPTION	BUDGET CATEGORY	AMOUNT

Comments/Remarks: _____

Amount Due:
(sales tax is NOT reimbursable)

TREASURER'S NOTES:

Receipts Included: Y / N _____

Date Finance Approved: _____

Check #: _____

Initials: _____

Please return in person to treasurer's inbox at school or via email to:
treasurer@fbmspto.org