

# Reimbursement Request

DEBIT

GRATTON PTO

YOUR NAME:		PHONE:	
PROJECT/CATERGORY:			
DATE SUBMITTED:		DATE MAILED:	
CHECK PAYABLE TO:		TOTAL AMOUNT: \$	
FULL ADDRESS:			
RECEIPT(S) TOTALING THE AMOUNT OF REIMBURSEMENT MUST BE ATTACHED			AMOUNT:
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL:			\$
APPROVED BY PTO OFFICER:		DATE	
APPROVED BY PTO OFFICER:		DATE	
FOR TREASURER'S USE ONLY:			
CHECK #:	DATE:	LOGGED/ADDED:	