Coolidge School PTO

Teacher Select Reimbursement Form

Name		Date
Grade		
Please reimburse me for the following expenses.		
DESCRIPTION	**AMOUNT**	**RECEIPT(S)**
TOTAL AMOUNT		

Please attach all supporting documentation/receipts to form. Complete this form to request an expense reimbursement or to request a check for payment. Copies of receipts are required for all reimbursements. Please note that we cannot accept a credit card statement, a written note, or a purchase statement as a receipt.