

Crofton Middle School PTO
Request for Reimbursement
(Please place in Treasurer's Folder in Main Office)

Date: _____ **Amount:** _____

Submitted by: _____ **email** _____

Check made payable to: _____
(Name and Address) _____

Delivery Options: _____ CMS/PTO Mailbox _____ Mail to address above

Detailed Description of Expense (a receipt must be attached):

Approved by: _____
Committee Chair/Principal Signature Required

Account:

- | | |
|---|--|
| _____ Technology/Classroom Improvements | _____ Gym suits |
| _____ Summer Reading/Writing Contest | _____ Hospitality |
| _____ PBIS Teacher | _____ PBIS Students |
| _____ Club Support: _____ | _____ Musical |
| _____ CMS Program: _____ | _____ MSA Snacks |
| _____ Can Do | _____ Principal Discretionary |
| _____ Destination Imagination | _____ 6 th /7 th /8 th Grade Team |
| _____ Fundraising | _____ Teacher/Volunteer Appreciation |
| _____ Grounds & Maintenance | _____ Art Showcase |
| _____ Science Fair | _____ Volunteer Programs |
| _____ Other: _____ | _____ Staff Development |

Questions? Contact Nicole Owens at treasurer@croftonmiddlespto.org

Treasurer Notes:

Check # _____ Date Paid _____