SPTO Reimbursement Request Form

A check will be mailed to the address below – please include your phone number in case we need to contact you.

Date: _____

Name: _____

Address: _____

Phone: _____

List items purchased below and attach receipts. Start a new line for each receipt.
If you have items for different events (categories), use a separate request form for each.

Items Purchased	Reason for Purchase	Amount
		$

To be completed by Treasurer:

Account/Category: _____

Date Paid: _____

Check #: _____