

paid: ☐  
logged: ☐

# Bell Graham PTO Reimbursement Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Name of Committee/Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description of payment request: \_\_\_\_\_

- Please send all documentation including original receipts/invoices with this form.
- Sales tax will be reimbursed only if a store does not accept the PTO's Tax Exempt Certificate.
- The PTO does not reimburse gift card purchases.

Total cost: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

*Electronic reimbursement via Zelle will be made. Please include phone and/or email associated with account.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Zelle reimbursement is preferred.**

Please only **email** completed forms to the Treasurer Rahul Shah. PDF or JPEGs are accepted. **No physical copies will be accepted.**

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(email: [BGPTOTREASURER@gmail.com](mailto:BGPTOTREASURER@gmail.com))  
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Committee Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

Notes: