

**Peekskill CSD PTO  
Expense Reimbursement Request**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Parent/PCSD Faculty Member** (please circle one)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tel. #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Payment to be made to:** \_\_\_\_\_

**Item Purpose:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Form and original receipt(s) or bill(s) must be submitted to PTO Treasurer Ha Wallace within 30 days of purchase. Please note that the PTO is unable to reimburse for NYS sales tax.**

**No reimbursements can be made without proper documentation.**

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*For Treasurer's use only*

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Reimbursement:  Mailed  Given In-person

Approved by: \_\_\_\_\_  
\_\_\_\_\_