

Staff Reimbursement Request

Heritage Elementary PTO

Name:
Grade/ Department:
Email Address:
Date Submitted: (must be within 60 days of purchase)
Make Check Payable to:

Please check the appropriate reason for your reimbursement. Receipts totaling the amount for each type of reimbursement must be attached. Reimbursements requests for Hero Hustle classroom earnings must be submitted by **Wednesday, December 20, 2023**. Requests for annual classroom stipends must be submitted by **Monday, April 15, 2024**.

Reimbursement Type	Amount
<input type="checkbox"/> Hero Hustle Classroom Earnings <input type="checkbox"/> Annual Classroom Stipend <input type="checkbox"/> Other (please describe) _____ _____	
<input type="checkbox"/> Hero Hustle Classroom Earnings <input type="checkbox"/> Annual Classroom Stipend <input type="checkbox"/> Other (please describe) _____ _____	

TOTAL REIMBURSEMENT AMOUNT: _____

Reimbursement checks will be placed in your mailbox in the main office.

For Officer Use Only:

Approved by:	Date:
Approved by:	Date:

Budget Category	Amount

Check Amount: _____ Check #: _____ Date Issued: _____