

Parkside Elementary PTO



Teacher Reimbursement/Check Request Form

RECEIPT DATE	DESCRIPTION	AMOUNT
	Total	

Teacher Signature/Date (Name Printed)

DATE OF REIMBURSEMENT	CHECK NUMBER	AMOUNT

President/Treasurer Signature/Date

*Please attach all receipts for the current school year to the back of this form.

For the 2024-25 School Year the maximum reimbursable amount is \$110.00.

Thank you!!