

# St. Columban PTO Reimbursement Form

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

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

Total Receipts: \$ \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room # and Teacher Name (Room Parents Only)

## Select how you would like to receive your reimbursement:

Return to me via student

Child's Name \_\_\_\_\_

Teacher/Room \_\_\_\_\_

I will pick up the check in the School office. Call me  
at \_\_\_\_\_ when ready.

Mail to me at the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach all receipts to this form and return.  
Send back to **PTO Treasurer** at the School office.

Please contact PTO with any questions at [ptoforstc@gmail.com](mailto:ptoforstc@gmail.com)