



DISCOVERY MIDDLE SCHOOL PTO Reimbursement Request Form

Date Pd
Check #
Amt Pd

*Please use this form for all requests for PTO funds and complete all applicable information.
Attach non-returnable receipts/invoices, with purchases circled, and place in the PTO mailbox in the DMS office.
Approved payments will be mailed to you, so please include your address below.*

Name _____ Date: _____

Check Payable to _____ []same as above

Mailing Address _____

Email Address _____ Phone No. _____

Committee/Program _____ Amount \$ _____

Description _____

Committee/Program _____ Amount \$ _____

Description _____

Committee/Program _____ Amount \$ _____

Description _____

Total Reimbursement Amount \$ _____

Notes/Special Instructions (optional) _____