

Shepard Middle School PTSO Reimbursement Request

Please remember to use the **Tax Exempt Letter** when you make purchases

Name _____

Address _____

Telephone _____

Committee _____

Event _____

Date of Event _____

Items Purchased

Items	Store/Vendor	Amount
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Items	Store/Vendor	Amount
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Items	Store/Vendor	Amount
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Items	Store/Vendor	Amount
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Cash Tip _____

Total to be reimbursed _____

I prefer a Check Quick Pay/Venmo _____
Email address

Approval Date

Please attach ALL original receipts
Do not combine reimbursable purchases with personal items on the same receipt