



# BARKER CENTRAL SCHOOL PTO Classroom Reimbursement Form

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Grant for: \_\_\_\_\_

Grant application date: \_\_\_\_\_

Date	Item	Purpose of expense	Amount

**Total:**

**\* PLEASE ATTACH ALL RECEIPTS TO BACK OF VOUCHER**

Remarks:

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

Treasurer's Notes:		
Receipts received: _____	Received date: _____	
Date paid: _____	Check number: _____	Amount: _____
Treasurer's Initials: _____		