



BFHE Classroom Grant Reimbursement Request



Purchase:

Amount Requested: \$ _____ Today's Date: _____

Budget Line Item (refer to PTCO Budget) _____

Description of purchase:

Contact:

Submitted by: _____

Phone Number: _____ Email Address: _____

Check Payable To: _____

Address of Payee: _____

Approval:

Requested Approved By (Co-President): _____

Submit:

Please attach all original receipts/bills to this form. This is not to be used for personal items. Receipts with only the items for reimbursements will be accepted. Sales tax CAN NOT and WILL NOT be reimbursed. Submit to PTCO via PTCO mailbox or to copres1.bfheptco@gmail.com or copres2.bfheptco@gmail.com.

Treasure Use Only:

Check Number: _____ Date Paid: _____ Date Cleared: _____