

**Pocopson Elementary School PTO
1105 Pocopson Road
West Chester, PA 19382**

Teacher Reimbursement Request

Name: _____

Grade: _____ **Date:** _____

Please check one of the following accounts:

_____ Individual Teacher Grant

_____ Grade Level Funds

_____ Art and Garden Funds

_____ Other: Please Circle – Field Day, Playground Consumables, Red Ribbon Week, Library, Technology, PETV, Art

Please check one - who should be paid:

_____ Myself

_____ Company on Invoice

_____ School District

_____ Pocopson Elementary

Please itemize expenses, total and staple your receipts to the back of the form.
This form is required for reimbursement.

<u>Date Purchased</u>	<u>Amount</u>
Total	

Please submit this form to the PTO Treasurer's folder in the Main Office

All requests must be submitted by the last day of school.