## Fogelsville PTO

312 S. Route 100 Breinigsville, PA 18031

## REQUEST FOR GRADE ALLOTMENT

Allotment for Grade:	
Requester's Name	
Requester's E-mail	
Amount Requested \$	<u> </u>
Check Payable To	
Reimbursement Request Information: (If more receipt also includes personal items, please ind reimbursement for.)	than one receipt, please list each one below. If icate which items you are requesting
Store/Vendor Name	Reimbursement Amount Requested
Total Reimbursement Requested	
Please attach receipts to this form and place in Please mark envelope: PTO Treasurer	
Please email PTO Treasurer, Arika Troxell Shannon Shetayh <u>smshetayh@gmail.com</u> v	© <b>C</b>
<b>DEADLINE IS May 31st of each year</b> to allo of school	ow time for reimbursement check before last day
Thank you,	

PTO Executive Board