

# JMMS PATT Request for Reimbursement

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

PATT Function: \_\_\_\_\_ Email: \_\_\_\_\_

Date Check(s) Needed: \_\_\_\_\_

Specific Purpose for Purchases: \_\_\_\_\_

Check(s) Made Out To (if different than above): \_\_\_\_\_

Vendor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

**NOTE: Receipt(s)/Invoice(s) totaling the amount to be paid must be attached.**

Please indicate how you would like to receive the check:

- Pick up from Treasurer  
 Leave in the school office  
 Sent home with your child  
    Child's Name: \_\_\_\_\_  
    Teacher: \_\_\_\_\_  
 Mailed to following address:  
    \_\_\_\_\_  
    \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Event Chairperson

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
                    PATT Treasurer

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
                    PATT Officer if amount exceeds \$250.00

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
                    PATT Officer if amount exceeds \$500.00

Please send request form to PATT Treasurer:

Lori Jorgenson

lorijorgenson8504@gmail.com

(h)330-833-3462

(c)330-412-6748

FOR TREASURER USE ONLY:

CATEGORY:

DATE:

CHECK #:

LOGGED: