

# Radiant Elementary PTO Reimbursement Form 2024-2025

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

Event/Activity/Project: \_\_\_\_\_ Committee: \_\_\_\_\_

Amount to be Reimbursed: \$ \_\_\_\_\_

Description of Purchases:

\*Please include copies of all receipts.  
\*All expenses should be submitted for reimbursement within 30 days of event.

Volunteer Signature: \_\_\_\_\_

• **Venmo** user name for Electronic Reimbursement: @ \_\_\_\_\_

-or- \_\_\_\_\_ \*Last 4 digits of phone number for Venmo verification: \_\_\_\_\_

• **Address** for Check Reimbursement: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

