NORTH BUNCOMBE MIDDLE PTO
REIMBURSEMENT/PAYMENT FORM

Instructions:
Please complete this form and attach original receipts and/or invoices.

Date: ______________
Name: ________________________

Make check payable to (if different from above): ________________________________

Total Reimbursement/Payment: ________________________________

Description of items purchased/ordered: ________________________________
__________________________________________
__________________________________________
__________________________________________

Expense Purpose (check 1 box):

☐ Teacher Allotment
☐ Athletics
☐ Grant
☐ Other: specify _________________________

Treasurer Use Only:

Check #_________
☐ Recorded in QuickBooks & check register: date __________
☐ Recorded in sales tax spreadsheet: date __________

Signature _________________________