

LES PTO FORM

2009-2010



LOUISBURG ELEMENTARY SCHOOL USD 416

LES PTO Reimbursement Form

Teacher Reimbursement Fund

Date: _____

Name: _____

Subject: _____

Account Information

Check Payable To: _____

Project/Account: _____

Item/Items Requested: _____

Amount: _____

**Please remember to attach a copy
of the receipt to this form.**

Thank you,

LES PTO Presidents 09/10

For PTO Records:

Check #: _____

Amount: _____

Issued Check on: _____

A copy of this sheet will be given with your payment.