



## Norwell High School PTO Payment Reimbursement /Check Request Form

Date \_\_\_\_\_

Name/ Check Payee \_\_\_\_\_

Address for check delivery \_\_\_\_\_

PTO Budget Category, please separate expenses by category, and attach all receipts.  
Please note, **NO** monies will be reimbursed without receipts. Reimbursements must be  
submitted within 90 days of the event.

Category	Amount	Category	Amount
<input type="checkbox"/> Beautification	\$ _____	<input type="checkbox"/> Remembrance	\$ _____
<input type="checkbox"/> Freshman Orientation	\$ _____	<input type="checkbox"/> Staff Appreciation	\$ _____
<input type="checkbox"/> Graduation	\$ _____	<input type="checkbox"/> Teacher Grants	\$ _____
<input type="checkbox"/> Homecoming	\$ _____	<input type="checkbox"/> Quiz Night	\$ _____
<input type="checkbox"/> Prom	\$ _____	<input type="checkbox"/> Other	\$ _____

(explain briefly below)

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

Submitted by \_\_\_\_\_

**Please attach invoices or receipts**

\*\*\* You may email this form (or all necessary info) & invoices or receipts to  
norwellhspto@gmail.com\*\*\*

**Approved by:**

\_\_\_\_\_  
President/Treasurer Signature