



REQUEST FOR REIMBURSEMENT

(FOR REIMBURSING ALREADY APPROVED EXPENDITURES)

Date: _____

Name: (person completing form): _____

Managed Account: _____

Amount Requested: _____

Date funds needed by: _____

Make check payable to: _____

Address: _____

Phone number of payee: _____

- *Please staple all pertinent materials and information regarding request to this form (ie. Order forms, registration forms, invoices, receipts, etc.)*
- *Submit the form to Department Chair for his/her signature.*

Explanation of request:

Are restricted funds to be used? _____ yes _____ no

If yes, which fund?

Department Chair signature: _____ Date: _____

PLEASE ATTACH ALL RECEIPTS AND/OR INVOICES AND PLACE IN PTO MAILBOX OR
SCAN AND EMAIL TO TREASURER@ARCADIAPTO.ORG AND
PRESIDENT@ARCADIAPTO.ORG THANK YOU!

Last updated August 2021