



MIMS PTO REIMBURSEMENT FORM

Date of Purchase	Description	Amount

AUTHORIZED BY: _____ **DATE:** _____
(Committee Chairperson or Board Member)

ISSUE CHECK TO:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

INSTRUCTIONS:

Please submit all **ORIGINAL** receipts within 30 days of event or activity. **SALES TAX WILL NOT BE REIMBURSED.** Please put form and receipts in an envelope addressed to PTO Treasurer and place it in the PTO mailbox in the school lobby or mail to MIMS PT), 5445 West Alabama St. Houston TX 77056 If you have any questions, please email PTO Treasurer at hisdmimspto@gmail.com

----- For Treasurer Use Only-----

Check # _____ Check Date _____ Recorded _____