



21150 N. Arrowhead Loop Rd.
Glendale, AZ 85308
Ph: 623-376-4500
E-mail: legendspringspto@gmail.com
Web: legendspringspto.com

Reimbursement Request Form

To request reimbursement: Email form and all receipts and/or other applicable supporting documentation to: legendspringspto.treasurer@gmail.com
Paper forms and actual receipts are also accepted - please put in PTO mailbox.

Name: _____ Date: _____
Email: _____

Purchase Information:

Store/Vendor: _____ Date of Purchase: _____
Purpose of funds/event being reimbursed for: _____

Dollar Amount Requested: _____

Signature: _____ Date: _____

Thank you! Please remember to attach your receipts! Expect reimbursement 7-10 days after this form has been received.

PTO Use Only:

Check Date: _____ Check #: _____
Signature: _____