

**PTO**

Indian Hills Elementary  
7445 SW 29<sup>th</sup> Street  
Topeka, KS 66614  
(785) 339-4500

**Treasurer Use Only:**

Date: \_\_\_\_\_  
Check#: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Approved by: \_\_\_\_\_

**Request for Reimbursement**

Please complete this form and send with original receipt to Amanda Petrik-Gardner at [AmandaPetrikLCPC@gmail.com](mailto:AmandaPetrikLCPC@gmail.com) OR place a copy of this form with the original receipt attached in the PTO box at school.

Name (checks will be made out to this name):

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Contact Information:

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Date of Purchase:	Description:
Budget Line Item:	Amount Due:

Date of Purchase:	Description:
Budget Line Item:	Amount Due:

Date of Purchase:	Description:
Budget Line Item:	Amount Due:

Total Amount Due: \_\_\_\_\_