

Date: Archway Arete PSO Reimbursement Form

**Instructions: Please fill out completely for your reimbursement. Attach receipts to reimbursement form. Bring to front office, and ask to put in Heather Bell's Folder.**

Name:	
Phone:	Email:

Mail the check (if yes - please fill out your address)	
Address:	City: Zip:
Leave Check at School : (If yes - please fill out below)	
Name of teacher / student:	
Purpose funds were used for:	Teacher / Section:

	Receipt Name	Amount
1		
2		
3		
4		
5		
		Total:

SIGNATURE: \_\_\_\_\_

PSO Approval Signature:	
Check #	Check Amount: