



**Indian Hill PTO Request for Reimbursement**

Committee / Event \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Description of Expense Amount\***

(Receipts for each expense must be attached to this form)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total reimbursement requested:**                      **TOTAL \$** \_\_\_\_\_

Requests for reimbursement must be submitted within 30 days of the event or expense date. Requests turned in thereafter will not be considered. Director's Approval \_\_\_\_\_

**Steps for Reimbursement:**

- 1- Complete this form in its entirety.
- 2- Attach All Receipts.
- 3- Submit to your school PTO Director of Indian Hill PTO by delivering to:  
 IH PTO mailbox at your school or mail directly to the PTO Director at your school  
 IHPS 6207 Drake Road, Cincinnati, OH 45243  
 IHES 6100 Drake Road, Cincinnati, OH 45243  
 IHMS 6845 Drake Road, Cincinnati, OH 45243  
 IHHS 6865 Drake Road, Cincinnati, OH 45243

Questions: Contact your school director. Contact information is at [www.ihpto.com](http://www.ihpto.com).

\*Please submit all Expenses incurred – If declining reimbursement; mark as "IN KIND GIFT"

*Thank you for your generous support of our schools!*