



**2022-2023 Royal Pride PTO Reimbursement Form**

Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Phone #: \_\_\_\_\_

Payable to: \_\_\_\_\_

Payment Address: \_\_\_\_\_ *(not needed if paying an attached invoice)*

\_\_\_\_\_  
 \_\_\_\_\_

<u>Date</u>	<u>Vendor/Supplier</u>	<u>Amount</u>	<u>Description/Committee to Charge</u>

Total: \_\_\_\_\_

*E-mail form and receipts to: Rachel Anderson at [rlhdvm@juno.com](mailto:rlhdvm@juno.com)  
 Or leave form and receipts/invoices in the BLUE folder*