

**Avon High School PTO
Request for Reimbursement**



Name _____ Date: _____

Approved Expense: _____

Item(s) to be reimbursed: _____

Make check payable to:

- Vendor on invoice
- Individual
- Other

Name: _____

Address: _____

Contact for Questions (phone/e-mail): _____

Amount: \$ _____

Please attach invoices/proof of payment for all reimbursements.

**Mail your requests with invoices to: AHS PTO - Treasurer
Avon High School
510 West Avon Rd.
Avon, CT 06001.**

You may also bring your request for reimbursements to our next PTO meeting or drop in the office addressed to Kim Huber, PTO Treasurer

Contact me if you have any questions: eakhuber@gmail.com

Thanks!

Kim Huber, PTO Treasurer