

**GOOD SHEPHERD MONTESSORI SCHOOL  
PARENT TEACHER ORGANIZATION (PTO)**

**REIMBURSEMENT REQUEST FORM**

GSMS PTO requires that all claims for reimbursement be accompanied by either the original or a copy of the receipts. Please attach your receipts to this form.

Full Name: \_\_\_\_\_

Committee: \_\_\_\_\_

Email / Contact Info: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

<b>Item Description</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL \$ _____

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Send signed form and receipts to:**  
John Glover

**Questions?**  
Email: wontontx@yahoo.com