

CMES PTO REIMBURSEMENT REQUEST FORM

Date Requested: _____

Request Submitted by: _____

E-mail address: _____

Budget Line Item to be charged: _____

Payable To: _____

Amount: _____

Attach Original
Receipt Here

Description of Purchase:

Keep a copy for your records.
Forward original to Treasurer.

TREASURER RECORD

Date Paid:

Check Number:

Paid By:

Budget Line Item Charged: _____