

**Faribault Lutheran Schools
PTL Reimbursement Request Form**

Payable To: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Payment Amount: \$ _____

†Receipt(s) totaling the amount of reimbursement must be attached to this form. In accordance with PTL bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied. If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will pay it.

Project/Event: (Check one)

- Spring Carnival Marathon Chili Jam Book Fair
 Ladies Night Out Pancake Breakfast Other: _____

Reason for Reimbursement: _____

Prepared By: _____ Date Submitted: _____

Phone Number: _____ Email: _____

FLS PTL Treasurer's Use Only

Reimbursement Date: _____

Check #: _____