



O.P.T.

ORGANIZATION OF PARENTS AND TEACHERS OF EVERGREEN ACADEMY

OPT Reimbursement Form

Name:		Date:	
Make Check Payable To:		Amount:	
Select Check Delivery Option:	<input type="checkbox"/> Mail Check – please enclose self-addressed stamped envelope <input type="checkbox"/> Place in my mailbox <input type="checkbox"/> Send Check Home with _____ in _____ <small>Student's Name Teacher</small>		
Expense Description			
Expense Category:	<input type="checkbox"/> Assemblies <input type="checkbox"/> Book Fair <input type="checkbox"/> Box Tops <input type="checkbox"/> Classroom Allowance <input type="checkbox"/> Family Fun Nights <input type="checkbox"/> Holiday Store	<input type="checkbox"/> OPT Meetings / Childcare <input type="checkbox"/> OPT President Discretionary <input type="checkbox"/> OPT Social Event <input type="checkbox"/> Teacher Appreciation <input type="checkbox"/> Science Fair <input type="checkbox"/> Uniform Sales <input type="checkbox"/> Other _____	
Instructions:	<ol style="list-style-type: none"> 1. Complete one form per expense category. 2. Attach receipts and supporting documentation (actual or photocopied receipts) 3. Photocopy completed form for your records 4. Place completed form in OPT Treasurer mail box or deliver to Main office. 		
Information	<ul style="list-style-type: none"> • OPT Treasurer will issue checks on a weekly basis after approval of OPT Budget in September. • If your reimbursement request is over your budgeted amount, the request will be paid only to the budgeted limit. • For additional information or questions please contact Eva Grant, OPT Treasurer, at evagrant@outlook.com. 		

PLEASE DO NOT WRITE BELOW THIS LINE

OPT Check Number:		Date Paid:	
Comments:			