



Buckingham Elementary Parents and Teachers Organization



MAIL BOXES ETC.
MAKING BUSINESS EASIER WORLDWIDE

Copy Order Form

Name: _____

Charge: _____

Sign: _____

Source:	Paper	Disc	e-mail	Other
# Orig.	Quantity	Total	Sides	Size
Count	Unit Cost \$0.04	Line Total, \$		

Date: _____

SpecPap	Collate Free
Red/Enl Free	Punch
Laminate	Set-up
Staple	Bind
Cut	Fold
Labor	Deliver Free

Machine punch and staple, no charge

Buckingham Green 215.794.1199

All charges over \$25.00 need prior PTO approval.

BUCKINGHAM ELEMENTARY PTO Reimbursement Request

NAME: _____

ADDRESS: _____

PHONE: _____

REASON FOR EXPENDITURE: _____

(ie, May Fair, Secret Shoppe, Book Fair, Science Fair, etc.)

- **ATTACH Receipts** (if you do not have receipts, please provide detailed explanation of expenditure)

Amount to be reimbursed as per receipts: \$ _____

**SUBTRACT ANY ADVANCE RECEIVED
FOR THESE EXPENDITURES:**

-\$ _____

TOTAL AMOUNT TO BE REIMBURSED:

\$ _____

TREASURER'S USE ONLY:

APPROVED DATE: _____

CHECK # _____

DATE PAID: _____

SIGNATURE: _____ Date: _____