



# Check Request/Reimbursement Form

**Instructions:**

1. Complete form and attach receipt, bill, or invoice.
2. Submit to PTO Committee Chair for approval.
3. Submit to PTO Treasurer.

***\*If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.***

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date Needed \_\_\_\_\_

**Expense Category:**

Appreciation <input type="checkbox"/>	DI / Math Olympiad <input type="checkbox"/>	Mentoring <input type="checkbox"/>
Auction <input type="checkbox"/>	Enrichment <input type="checkbox"/>	Movie Nights <input type="checkbox"/>
Book Fair <input type="checkbox"/>	Family Events <input type="checkbox"/>	Overnight Trips <input type="checkbox"/>
Community Service <input type="checkbox"/>	Hospitality <input type="checkbox"/>	Student Council <input type="checkbox"/>
Cultural Events <input type="checkbox"/>	Homework Club <input type="checkbox"/>	
<input type="checkbox"/> Other _____		

Reason for Check: \_\_\_\_\_

Check Payable to \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check Sent to: You  Vendor

Address of Payee (if no bill attached) \_\_\_\_\_

**Approvals:**

Approved by Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTO Officer if over \$1,000) \_\_\_\_\_ Date \_\_\_\_\_

***For Treasurer's Use Only:***

Account	Check#	Dated