

Check Request

Completed form must be submitted to along with receipt(s) **within 30 days** of purchase and/or event. Please allow 2-4 weeks for reimbursement checks to be issued.

YOUR NAME:		PHONE: () -	
YOUR EMAIL:			
PROJECT/CATEGORY:		NAME OF COMMITTEE CHAIR:	
DATE SUBMITTED: / /		REASON FOR CHECK:	
CHECK PAYABLE TO:		AMOUNT: \$	
ADDRESS OF PAYEE (if no bill attached):			

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

HOW TO SUBMIT:

- 1 - Attach any bills or receipts and email them with this form to xero.inbox.-zpww.ppqdbrnxube1ay1w@xerofiles.com
- 2 - Print this form, attach any bills or receipts, and submit to the PTO mailbox in the main office.

APPROVED BY (PTO OFFICER):	DATE: / /
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For Treasurer's Use Only:

Category: _____ Check #: _____ Dated: _____ Logged:

INCLUDED IN ANNUAL BUDGET

OR

APPROVED AT MEETING
(DATE: / /)