

DIRECTIONS:

- 1. Completely fill out the information below.
- 2. Attach bill, invoice or receipt by stapling. An original or copy is acceptable.
- 3. Copy any of these materials needed for your records. The treasurer will keep all documents attached here.
- 4. Place this request with all attachments in the folder labeled Treasurer in the PTO box in the school office.
- 5. Please allow 7- 14 days to process.

If you have any questions, please contact (treasurer's name) at (email or ###-####).

YOUR INFO	DRMATION:			
Name:			Date:	
Phone:			email:	
CHECK INF	ORMATION:			
Make chec	k payable to:			
Amount:			Date Needed:	
List receipt	ts separately below:			
Date	Brief Description Of Receipt	Amount	Funds Used For	PTO Use Only: Budget Category
□ lai □ lai □ lai	of the following that applies to the requesting a reimbursement fom requesting payment for the attem requesting "start-up" funds for her:	r funds already spo ached bill. a specific project.		
PTO USE O	NLY:			
President A	Approval:		_	
Budget Cat	tegory:			
Check #:		Date written:		