

Check Payment / Reimbursement Form

Please complete form, attach receipts or invoice and return to the PTO mailbox. Please tape receipts to 8 ½ x 11 blank paper. Please notify treasure by e-mail that a form has been submitted.

Person requesting the payment _____

Committee _____

E-mail _____

Phone: _____

*Name and Mailing address of person receiving the check

Amount Requested _____ Date Needed _____

_____ I have **NOT** paid the vendor. I have attached a bill or invoice.

- Please make the check out to the vendor. Deliver to me so I can pay the vendor in person.
- Please make the check out to the vendor. Mail directly to the vendor per attached invoice.

_____ The following attached receipts have been paid. Please make check out to name noted above *

_____ The following attached receipts have been paid with the PTO bank card – No reimbursement needed.

The following receipts and/or invoices are attached:

Date	Store Name or Item	Amount
Total		

If you need more room, please write on the back.

Please accept \$_____ of these expenses as a personal donation to PTO and provide a tax letter for said value.

I certify that the expenses listed are appropriate PTO expenses:

Signature

Date

Treasurer Signature (Check submitted)

Date

