

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 INFOR	RMATION:			
Name:			Date:	
Phone:			email:	
CHECK INFO	DEMATION:			
Make check	payable to:			
Amount:			Date Needed:	
List receipt	s separately below:			
Date	Brief Description Of Receipt	Amount	Funds Used For	PTO Use Only: Budget Category
□ lam □ lam □ lam	f the following that applies to requesting a reimbursement for the at requesting "start-up" funds for:	or funds already tached bill. or a specific proj	ect.	
PTO USE ON	LY:			
President Ap	proval:			
Budget Cate	gory:			
Check #:			Date written:	