Check Request for Reimbursement

Holy Spirit PTO

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| --- | --- | --- | --- |
| Your Name: | | | Phone: |
| Committee/Event: | | | |
| Date Submitted: | Date Check Needed: | | |
| Reason for Reimbursement: | | | |
| Included in  Annual Budget  Approved at a PTO Meeting (Date): \_\_\_\_\_\_\_\_\_\_\_) | | | |
| Committee Chair or PTO President Approval Required: | | | |
| **Check Payable to:** | | **Amount:** | |
| **Full Address Required:** | | | |

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| --- | --- |
| Deliver Check to Office:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (may be picked up by individual but cannot be sent home via a student) | Mail Check to Payee at address above |

For reimbursement of expenses an original receipt(s) must be attached. Keep personal items separate from PTO purchases. Organize receipts on a blank sheet of paper taping them on one side using as many sheets as needed stapled to this form.

Any expenses over or not budgeted must be approved by the PTO Board.

**Please forward this request to the PTO Treasurer’s inbox located in the Holy Spirit office.**