

Check Request for Reimbursement

Holy Spirit PTO

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| Your Name: | | Phone: |
| Committee/Event: | | |
| Date Submitted: | Date Check Needed: | |
| Reason for Reimbursement: | | |
| <input type="checkbox"/> Included in Annual Budget | <input type="checkbox"/> Approved at a PTO Meeting (Date: _____) | |
| Committee Chair or PTO President Approval Required: | | |
| Check Payable to: | Amount: | |
| Full Address Required: | | |

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

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| <input type="checkbox"/> Deliver Check to: _____ Via (oldest child and teacher) | <input type="checkbox"/> Mail Check to Payee. |
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Any expenses over or not budgeted must be approved by the PTO Board.

Please forward this request to the attention of the PTO Treasurer via the Holy Spirit office.