

PTO CHECK REIMBURSEMENT REQUEST FORM

Paid by check no. _____

Date of check _____

Fill in the following information:

Date: _____

Amount: \$ _____

Pay to: _____

City

State

Zip

For: _____

(For example: grade level, club, activity, stipend)

Signature of Requestor: _____

President's Approval Signature: _____

Treasurer's Approval Signature: _____

(Attach receipt or copy of canceled check here)