

Date Check Issued:

Check #:

Amount:

PTO REIMBURSEMENT FORM

CHECK ONE:

I need to be reimbursed for items I purchased for the PTO. I have attached the supporting receipt(s).

I am notifying you that the PTO will be receiving a bill for the items I have charged to the PTO.

I am requesting a check to be sent to the person/company listed below, supporting documentation is attached.

Today's Date: _____

Name of person requesting reimbursement or notification: _____

Make Check Payable To: _____

Address: _____

Phone Number: _____

Total reimbursement or billing amount: \$ _____

What PTO project or program are these expenses being charged to?

Expense for _____ Amount _____

Expense for _____ Amount _____

Expense for _____ Amount _____

-Add lines on back if needed-

Special instructions:

Please attach receipts! Receipts will NOT be honored without this form. Thank you!

Please leave completed forms in the pink PTO folder in the front office.

The treasurer will check the folder each week. Checks will be issued the following week.

Please contact ksdeerfieldpto@gmail.com if you have special circumstances.