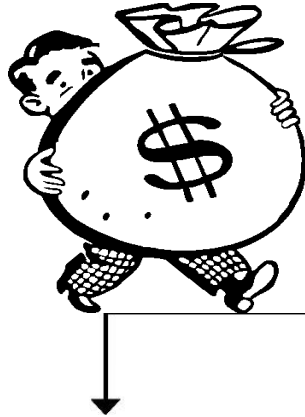




D.A.T.E.PTO

Reimbursement or Check in Advance Form

Please allow 2-3 weeks for processing.



Personal Information

Date: _____

Name: _____

Address: _____

City/Zip: _____

E-mail: _____

Phone: _____

Account Information

Please circle one **reimbursement** or **check in advance**.

Reason for reimbursement or check in advance: _____

Make Check Payable to: _____

Total Amount: \$ _____

(Circle One below)

Please mail the check to me. I will arrange to pick up the check.

Please attach receipt(s) for the total amount to the back of this form .

All receipts must be turned in no later than 3 business days after the check has been received. In signing for receipt of check, you understand that you are responsible for the submittal of all receipts within the required timeframe. Total amount of receipts must match total of funds received. Any unused portion of funds received must be returned to PTO for future use through the end of current school year.

Signature _____

Date Check Recv'd _____

FINAL DETAILS

Treasurer's Box

Budgeted # _____

Check# _____

Check Amount\$ _____

Initials _____

Approved by PTO Treasurer: _____

PTO President: _____

E-Board Approved Date: _____

Denied and Reason below:

Thank you!! Your PTO working for

