



PTSO CHECK REQUEST/REIMBURSEMENT FORM

Submit to Treasurer Tara Therre

Name: _____ Date: _____

Phone: _____ Email: _____

Reason for Request: _____

****Please attach receipts and/or invoices.**

Reimbursement requests should be submitted within thirty (30) days of the close of an event.

Reimbursements will not be given without receipts and/or invoices.

| Amount (s) | Event (s) |
|------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total: | |

TO BE COMPLETED BY PTSO TREASURER

APPROVAL: _____

CHECK NUMBER: _____

Payable to: _____

DATE PAID: _____

BUDGET LINE CHARGED: _____