



## INSTRUCTIONS Step 1: Please complete the following form in its entirety. Step 2: Staple any receipts or invoices (copies are fine) to the form. Circle the items for which you are requesting reimbursement if the receipt also contains non-reimbursement items. Step 3: Place the completed form in the PTO mailbox in the office. ·\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ Phone: \_\_\_\_ Your name: Committee name: \_\_\_\_\_ Make check payable to: Description of payment: Payment amount requested: Please check one: Mail check to vendor Mail check to me Other Notes: Committee Chairperson Signature:

## For Treasurer's Use Only

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Check #:	Date:		Amount:	
Request #:	Paid	to:		