

Sharon Elementary PTO

Check/Reimbursement Request

**Submit request within 30 days of conclusion of event or Forfeit Reimbursement.
Payment will be sent within 2 weeks of Chairperson and PTO approvals.**

Date: _____ Phone#: _____

Requested By: _____ Email: _____

Check Payable To: _____ Amount: _____

Address of Payee: _____

Event/Activity: _____

Included in annual budget OR approved at meeting (date: _____)

Personal Reimbursement Checks:

- Attach **original detailed receipt(s)** totaling the amount of reimbursement. Reimbursement will be forfeited if original receipts are not included.
- Check will be mailed to you

Vendor Checks for events:

- Attach **original detailed** bill or invoice
- Provide at least 2 week notice to treasurer and notify by phone or email of request
- Indicate how vendor should receive check (pick-up, mail or hand deliver): _____

Checks for Invoices/Bills:

- Attach **original detailed** bill or invoice
- Check will be mailed directly to the vendor

Please place this form with attachments and Committee Chair approval in the PTO Treasurers box in the Copy Room. Please notify treasurer by email to: sharonptotreasurer@yahoo.com

Committee Chair Approval: _____ Date: _____

Approved by (PTO Officer): _____ Date: _____

Approved by (PTO Officer): _____ Date: _____

For Treasurer's Use Only:

Category: _____ Check #: _____ Date: _____ Logged: _____

List of Receipts Attached and Totals:

Receipt (Store & Date) **\$ Amount**

Total Amount of Receipts \$	