

PTO REIMBURSEMENT FORM CHECK REQUEST OR DEBIT CHARGE

This form must be completed to receive a check for reimbursement or to validate a debit card purchase. Circle check request or debit charge above, complete form, attach receipts & put in PTO mailbox or Treasurer's mailbox.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NAME OF COMMITTEE OR FUNCTION YOU ARE PURCHASING FOR:

ITEMS PURCHASED (attach all receipts):

TOTAL AMOUNT SPENT: _____

TOTAL TO BE REIMBURSED: _____

TOTAL AMOUNT OF DEBIT PURCHASE: _____

PTO TREASURER APPROVAL: _____

TREASURER USE ONLY

Check Date: _____

Mail Date: _____

Check Number: _____

Delivery Date: _____

Check Amount: _____

G/L Acct Chg'd: _____