

Central School PTO

Check Request / Expense Reimbursement

Date requested _____

(For Treasurer:) Check # _____

Amount \$ _____

Date of check _____

Payee: _____

(Unless noted below, reimbursement will be left in Treasurer's envelope in PTO folder in school office. You will be notified via email.)

_____ Please mail directly to Payee: _____

Requested by _____

Phone #/ e-mail address _____

Committee or program _____

Signature of program chair: _____

Purpose of expense _____

Support: Attach original documentation such as invoice and/or receipt.