



## PTO BUDGET REIMBURSEMENT/ CHECK REQUEST FORM

To receive reimbursement or to request a check for approved PTO Budget items, please complete this form. If a requester is not the Chairperson for this budget item, the Chairperson must initial to indicate approval. Submit to the PTO Treasurer via envelope folder.

**Date of Request** \_\_\_\_\_  
**Requestor Name** \_\_\_\_\_  
**Requestor E-Mail Address** \_\_\_\_\_  
**Budget Category** \_\_\_\_\_  
**Amount Requested** \_\_\_\_\_  
**Make Check Payable to** \_\_\_\_\_  
**Disbursement Method** ☐ Return to Requestor via PTO Envelope Folder  
☐ Mail to Vendor  
☐ Mail to Requestor (Address Required) \_\_\_\_\_  
\_\_\_\_\_

Item Description	Amount
	\$
	\$
	\$
	\$

**\*Must Attach All Supporting Documentation (Receipt, Invoice, Contract, etc.)**

**Requestor Signature** \_\_\_\_\_  
**Committee Chair's Approval** \_\_\_\_\_

### PTO TREASURER SECTION

**Reimbursement Check Date** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Check Amount \$** \_\_\_\_\_

**Check Made Out To** \_\_\_\_\_

**Budget Category / Sub-Category** \_\_\_\_\_

**Disbursement Date** \_\_\_\_\_ ☐ Return to Requestor via PTO Mail Folder  
☐ Mail to Vendor  
☐ Mail to Requestor

**Request Denied Reason** \_\_\_\_\_

**Please resubmit with** ☐ Chair Signature ☐ Documentation ☐ Approved Budget

**PTO Treasurer Signature** \_\_\_\_\_