



CHECK REQUEST PAYMENT/REIMBURSEMENT VOUCHER

Payable To: _____ Date: _____

Address: _____ Phone: _____

Child's Name: _____ Teacher: _____

Voucher Submitted By (If Different Than Payee): _____

- Mail Check to Address Above
 Leave Check In PTO Folder
 Send Check Home With Child
 Put In Teacher Box

***PRESIDENT'S SIGNATURE:** _____ **DATE:** _____

Please list each retailer (Office Depot, Sam's Club, etc.), a general description of the items purchased (food, drinks, markers, etc.), and the total amount to be submitted for reimbursement. List each receipt separately.

Place of Purchase	Items	Amount
		\$
		\$
		\$
		\$
Total		\$

Please list the category or budget line item account to be debited (Teacher Luncheon, Literacy Lounge, Grade Event, etc.). The PURCHASE total above must equal the CATEGORY total below.

Account to be Charged	Chairperson Signature	Amount
		\$
		\$
		\$
		\$
Total		\$

- *Attach all copies of receipts, invoices or bills to the back of this form. Receipts are required for Financial Review and tax-reporting purposes. A check will not be written without sufficient proof for need of reimbursement.
- *Return completed form, with President signature, to the Treasurer's folder.

Requests received by TUESDAY before 12pm will fulfilled by FRIDAY after 12pm of the same week. If you miss the Tuesday deadline then you must wait until the following Friday to receive your check. If this presents a financial burden, please contact the Treasurer directly so that other arrangements might be made.

Treasurer's Notes:

Date Rec'd: ____/____/____ Date Paid: ____/____/____ Check #: _____ Check Amt: \$ _____