

OAK SCHOOL PTO
REIMBURSEMENT & CHECK REQUEST FORM

PLEASE CHECK WHICH OF THE FOLLOWING APPLIES TO THIS CHECK REQUEST:

- I am submitting a request for reimbursement for a payment I made associated with a school activity
- I am submitting a check request to pay a vendor for a school activity, and I will pick up the check in the PTO Treasurer folder to deliver to vendor
- I am submitting an invoice to be paid & mailed directly to a vendor by OAK PTO

YOUR NAME: _____

COMMITTEE: _____

EXPENSE PURPOSE/DETAILS: _____

AMOUNT: _____

MAKE CHECK PAYABLE TO: _____

MAIL CHECK TO FOLLOWING ADDRESS:

OTHER COMMENTS: _____

I have reviewed and approve this request and the attached receipts/vendor invoices.

SIGNATURE: _____ **DATE:** _____

Please submit completed form, attach receipts/invoice, and leave in PTO Treasurer's folder.

Please allow up 2 weeks for reimbursement processing.

FOR PTO TREASURY USE ONLY:

Check Issue Date: _____ ***Check #:*** _____ ***Check Amount:*** _____

Account Charged: _____

Comments: