

Jackson Elementary School PTO
CHECK REQUEST/REIMBURSEMENT FORM

PLEASE REMIT ALL REQUESTS FOR CURRENT SCHOOL YEAR PRIOR TO JUNE 30th

Date: ____/____/____

Amount: \$ _____

Category:

- Administrative/Website Expense
- Childcare – General Meetings
- Fundraising (specify project/event)
- Jackson Clothing
- Library

- Picnic/Spirit Hospitality (specify event)
- Script Expense
- Staff/Volunteer Appreciation (specify event)
- Student Directory
- Other (describe below)

Description: _____

Reimbursement
(attach receipts)

Prepayment
(attach written bid, order, etc.)

Make Payable To: _____

Submitted By: _____

Name

Phone #

Office Use Only:

Date Rec'd: _____

Logged By: _____

Initials

Approved By: _____

signature

date

Issued: _____

check #

date

Ref.: _____

(minutes, etc.)

By: _____

PTO Treasurer