

TE MIDDLE SCHOOL PTO CHECK REQUEST FORM & EXPENSE REIMBURSEMENT

Please submit request form and receipts within TWO weeks after the event.

Note: ONLY dated and itemized receipts will be reimbursed. DO NOT submit copies of cleared checks. DO NOT submit copies of credit card statement transactions. Thank you for your cooperation.

Attach all receipts or invoices and retain a copy for your records.

Date: _____ Name: _____ Email: _____ Cell #: _____

Expense category (ex: Fundraiser): _____

Make check payable to: _____

If check is to be mailed, please indicate mailing address: _____

Explanation:	Amount:
_____	_____
_____	_____
_____	_____

Total Requested: _____

Submitted by: _____

Event Chairperson: _____

**Please leave this form in the PTO mailbox in the School Office - Attn: PTO Treasurer,
and email temsptotreasurer@gmail.com to let Treasurer know
that the form has been submitted.**

For Treasurer's use only:

Check # _____ Check Date: _____