

PTO CHECK / REIMBURSEMENT REQUEST

PAY TO: _____

AMOUNT: _____

CONTACT: _____

CONTACT PHONE: _____

DELIVER TO:

include address if
check to be mailed

DESCRIPTION:

BILLING CATEGORY:

(i.e. Spring Fling, playground, etc.)

REQUESTED BY:

EMAIL:

DATE:

APPROVED BY:

DATE:

DATE ISSUED:

ISSUED BY:

CHECK #:
