

Sakamoto PTO Reimbursement and Check Request Form

REIMBURSEMENT REQUEST

DIRECT CHECK REQUEST

TEACHER REQUEST (check one)

Education Support Grade Level Funds
K 1st 2nd 3rd 4th 5th 6th

Direct Classroom Support Spellathon

Field Trip Funds Other _____
K 1st 2nd 3rd 4th 5th 6th

REQUESTED BY:		DATE REQUESTED:
CHECK PAYABLE TO:		PHONE:
ITEM / EDUCATIONAL PURPOSE:	AMOUNT:	BUDGET CATEGORY:
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10	\$	
Total Receipts	\$0.00	

TOTAL AMOUNT:

MAILING ADDRESS: (if mailing is needed)

\$	
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PUT IN MY BOX

MAIL CHECK

TREASURER'S USE ONLY:

Category _____ Check# _____ Date: _____ Logged: _____

Please attach receipt(s) or invoice to this form.