

Seth Paine PTO
CHECK REQUEST / REIMBURSEMENT FORM

Date Submitted: _____ Circle Billing Year: 2019-2020 2020-2021

Requested by: _____

Email & Phone: _____

Event Name & Event Date: _____

Benefitting What Committee: _____

Purpose of Expense: _____
(i.e. food, supplies, decorations, etc.)

Amount Charged to PTO Debit Card: \$ _____

CHECK MADE PAYABLE TO: _____
(yourself or vendor)

Amount of Reimbursement: \$ _____
(please show total for multiple receipts)

How should check be delivered?

- Back Pack Mail: (preferred by PTO)

Student's Name	Teacher	Grade	Room #
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- Mail to Vendor: (name & address)

Please submit this form, including the appropriate approval below, and copy of the receipts / bill / invoice / contract to the PTO Treasurer Mailbox in office.

If the chairperson is requesting reimbursement, the event Co-chair, the PTO President or PTO Vice President's signature is required.

Thank you for volunteering!

Questions, please contact Treasurer, Tracy O'Shaughnessy ~ 847-791-9111 ~ tracy.os@live.com

Name of Chairperson Approving: _____

Approval Signature: _____

Date Signed: _____

***** ALL CONTRACTS MUST BE APPROVED & SIGNED BY PRINCIPAL, MARIE ROTHERMEL *****