

# Endeavor Elementary PTO Request for Check/Reimbursement

1. Complete form as indicated.
2. Staple bills/invoices or copy of receipts to completed form. Keep one copy of everything in your committee binder.
3. Put completed form into PTO Treasurer's Folder in Black Box.

Date Submitted: \_\_\_\_\_ (Must be within 45 Days) Requested By: \_\_\_\_\_

VP of Exec. Board \_\_\_\_\_ (Approval Signature) Committee Lead: \_\_\_\_\_ (Approval Signature)

Budget Category: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Purchase Detail: \_\_\_\_\_

**Make Check Payable To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Mail/Deliver Check To:**

\_\_\_\_\_ Mail to Requester      \_\_\_\_\_ Mail to Payee on Invoice

\_\_\_\_\_ Other: \_\_\_\_\_

*(Below to be Complete by PTO Treasurer)*

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_

Check Amount \$: \_\_\_\_\_ Budget Category: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

President Signature: \_\_\_\_\_

**(Both signatures required for expense amounts greater than \$250)**