

**CARMEL MIDDLE SCHOOL PTO  
REIMBURSEMENT AND CHECK REQUEST FORM**

**\*\* Place the completed form (with receipts) in the Treasurer's folder located in the PTO cabinet or e-mail the PTO assistant treasurer \*\***

Date: _____	Check Amount: _____
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Make check payable to: _____
Check requested by: _____
Phone Number or Email Address: _____
Approved by: _____ (Committee Chair / Department Chair / Team Lead / Principal / _____)
Description: (Attach receipts or Invoices)   
Budget Line Items:  PTO Committee: _____ Administration: _____ Department: _____ Team: _____ Other: _____
Check should be: _____ Placed in School Mailbox _____ Placed in PTO Folder _____ Mailed to: _____ _____ _____
FOR TREASURER'S USE ONLY: Date Paid: _____ Check Number: _____ Account: _____