## Windom Elementary PTO – Request for Reimbursement/Request for Funds



## To request reimbursement for funds, please complete the following:

Requested By:	Phone No.:		
Date:	(If applies) Room	No.:	Grade:
Check Payable To:			
Address:			
City, State, Zip:			
Amount:	Date Needed	d:	
<ul><li>□ Send check to vendor</li><li>□ Send check to classroo</li><li>□ Send check to home ac</li></ul>	om	nk Card Used	
Event:			
Explanation:			<u> </u>
Requestor's Signature:  Please staple receipts to the back of this voucher and submit to:  Windom Elementary PTO Treasurer  Attn: Kevin Dash  Questions: Call 913-8720; or E-mail kdashwindompto@yahoo.com			
*All requests MUST be received by the treasurer no later than June 30th and cannot be more than 12 months old*			
For PTO Treasurer Use Only:			
Check Number: Date	e Issued:	Amount:	
Bank Card Used:		Amount:	
Entered into Finance Manager:	Yes □	Checkbook registe	er: Yes □
Approved (signature)			