



Email completed form to:  
**momsptox@gmail.com**

# Check Request Form

<b>YOUR NAME:</b>		<b>DATE REQUESTED:</b>	
<b>PROJECT/COMMITTEE:</b>			
<b>PHONE:</b>		<b>EMAIL:</b>	
<b>REASON FOR REIMBURSEMENT:</b>			
<input type="checkbox"/>	<b>INCLUDED IN ANNUAL BUDGET</b>	<b>or</b>	<input type="checkbox"/>
			<b>APPROVED AT MEETING DATE:</b>
<b>CHECK PAYABLE TO:</b>		<b>AMOUNT REQUESTED:</b>	
		<b>\$ 0.00</b>	
<b>FULL ADDRESS (your check will be mailed to you):</b>			

**Receipt(s) totaling the amount of reimbursement must be included.**

<b>APPROVED BY (PTO OFFICER):</b>		<b>DATE:</b>
<b>APPROVED BY (PTO OFFICER):</b>		<b>DATE:</b>

FOR TREASURER'S USE ONLY: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_

**IMPORTANT:** *This form is to be used for expenses incurred for PTO activities.*