Crocker Elementary PTO Request for Check Reimbursement or Issuance

Check Payable to:		-
Address:		_
		-
Amount Requested:		
Purpose for payment:		
Date Check is needed by:		
Please return to address list Return to requestor Other (specify):	ted above	
Submitted by:		Phone:
Please attach original receipt to the back of this form.		
 Instructions: Please complete this form for all PTO expenditures All expenditures must be approved by the appropriate committee chair and budgeted. Receipts/Invoices: If you are requesting reimbursement of money spent please attach original receipts. If the check will be used for purchase, please put the receipt in the PTO mailbox after the purchase is complete. Please keep copies of all receipts in case the originals are misplaced. Place completed form in the PTO mailbox. 		
Any questions, please call Andy Zaugg (515-326-2823) or Laurie Wieseler (319-290-5661)		
Note: Please request checks at least 2 weeks prior to "need by" date.		

Budget Category:		Check Date:
		Check Number:
Approval :		Amount Paid: