

GRANGER ELEMENTARY PTO
REIMBURSEMENT/CHECK REQUEST

Circle one: **Personal Reimbursement**

Bill/Invoice

Name: _____

Phone: _____

Make Check Payable To: _____

Full Address: _____

Project: _____

Amount: _____

Reason for Reimbursement: _____

REIMBURSEMENT/CHECK REQUESTS WILL BE
PROCESSED THE 15TH OF THE MONTH AND AT THE
MONTHLY PTO MEETING

If reimbursement request, please attach the receipt totaling the amount requested.
If a check is being requested, please attach the bill/invoice to this form and payment
will be mailed. Request form must be completed in its entirety in order to be
processed. Thank you!

Date Submitted: _____

Due Date: _____

Approved by PTO Officer: _____

Date: _____

For Treasurer's Use Only:

Account: _____ **Check#:** _____ **Dated:** _____ **Logged to**
Quickbooks: _____