

WEST MIDDLE SCHOOL PTCO
Check/Reimbursement Request

Name: _____

Phone: _____

Date Submitted: _____

Project/Account: _____

Date Needed: _____

Reason for Check:

Check Payable to: _____

Check Amount: \$ _____

Address of Payee (if no bill attached):

If this is a bill that needs to be paid directly to a vendor, please attach the bill/invoice to this form and the PTO Treasurer will mail it.

If this is a reimbursement of personal funds, please attach original receipts.

Approved by: _____ **Title:** _____ **Date:** _____

For Treasurer's Use Only

Account: _____ **Check #** _____ **Date:** _____