



West Middle School
PTCO Check/Reimbursement Request Form

Date: _____

Check Requested by: _____

Program or Committee to be charged: _____

Check Amount: _____

Check Payable to: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Additional information or comments: _____

If you have any questions, please call or text Lynn Price, PTCO Treasurer at (303) 588 -9141 or email wmsptcoscrip@gmail.com . You may also have any school department or vendor bill PTCO directly.

Please leave this form in the PTCO mailbox by the Security Desk. Please email or text to inform the Treasurer that it is there

Check #: _____
Amount \$: _____ Date Paid: _____
QuickBooks Entry: _____