



# 2017-2018 Check/Reimbursement Request

YOUR NAME:		PHONE: (     )     —	
COMMITTEE/PROJECT:			
DATE SUBMITTED: / /	DATE NEEDED: / /	DATE MAILED (Treasurer Use only) / /	
REASON FOR CHECK/REIMBURSEMENT:			
CHECK PAYABLE TO:		AMOUNT*:	
ADDRESS OF PAYEE:			

\* Invoice/Receipt(s) totaling the amount of check/reimbursement request must be included with the completed form. Please submit this form to the PTO Treasurer via USPS (Heather Venable, 12704 Sagamore Rd., Leawood, KS 66209) or leave in the Treasurer box at the PTO table (across from the school office). – THANK YOU!

**Please mark the appropriate box for the PTO Treasurer:**

Mail Check back to me.                      **OR**                       Mail check to the company on the invoice/receipt.

APPROVED BY (PTO OFFICER):	DATE: / /
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**For Treasurer's Use Only:**

ACCOUNT:	CHECK:
DATE: / /	LOGGED: