



Mays Chapel Elementary School PTO Check Requisition/Reimbursement Request

INSTRUCTIONS:

1. Complete all the information on this form
2. Attach receipts/invoices (original or copies)
3. Place completed Request and attachments in PTO Mailbox

Name: _____ Date: _____

Address: _____

Phone: _____ email: _____

Activity/Event/Overall Purpose (e.g., Teacher Appreciation, Teacher Supplies Reimbursement, Mays Days):

Is this a Request for issuance of a check to a third party?
 OR Request for Reimbursement for expenses you have paid or incurred?

Third-party Check Amount Requested: _____

Payable to: _____ Needed by: _____

Return to you Mail to: _____
[Payee Address if not as show on Attached Invoice]

Reimbursement Request Amount Requested: _____

Date [Incurred]	Paid to [Vendor Name, e.g., Staples]	Description [Brief detail, e.g., pencils, books]	Amount [Cost + Tax]