

PARKWAY PTO CHECK REQUEST FORM

1. Please attach original receipt(s) or original invoice(s) to this form.
2. Submit all reimbursement requests within 30 days. Any reimbursement requests beyond 30 days must have PTO President approval.
3. Multiple expenses for the same committee/event can be combined if the check is payable to the same person. Please use separate forms to make checks payable to multiple people.
4. Please include an addressed envelope if you want the check to be mailed. All checks without an envelope will be available for pickup at the next scheduled PTO meeting, or by arrangement with the Treasurer.
5. Please use the Parkway PTO Tax Exempt #222313277. Sales tax will not be reimbursed without prior approval from the PTO President.

PTO Event/Committee:	
Date Requested:	
Amount Requested:	
Make Check Payable to:	
Reason for Request:	
Requested by:	
Phone number:	
Envelope Attached	YES NO

Treasurer Use Only

Expense Category _____

Check Number _____

Check Date _____