



# Central Middle School PTO

## Check Request/Reimbursement Form

Please attach all receipts to this request.

**For Invoices to be paid:**  
The treasurer can only pay from an invoice, not a statement.

### Check Requested By

Name: \_\_\_\_\_ Phone and/or Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_

### Check To Be Applied To

Committee Project/PTO Category: \_\_\_\_\_

Explanation: \_\_\_\_\_  
*If different from reimbursement.*

### Check Request Approval (please pick one)

\_\_\_\_\_ Included in Annual Budget

\_\_\_\_\_ PTO Meeting Date: \_\_\_\_\_

### Check Information

Payable To: \_\_\_\_\_ Amount: \_\_\_\_\_

Address, if check is to be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If the check is to be delivered to the school, please check here.  
*The check will be placed in the treasurer's folder for you to pick up at your convenience.*

For Treasurer's Use, Only			
Category	Check #	Dated	Logged
_____	_____	_____	_____