



2022-2023 Check/Reimbursement Request

YOUR NAME:		DATE:
EMAIL:	PHONE:	
COMMITTEE/PROJECT:		
REASON FOR CHECK/REIMBURSEMENT (Specific Event or Item):		
CHECK PAYABLE TO (You or a service provider/vendor):	AMOUNT*:	
ADDRESS OF PAYEE (if you want the check mailed):		

*** Invoice/receipt(s) totaling the amount of check/reimbursement request must be included with the completed form.**

Reimbursement requests may take up to two weeks to be processed. Submit reimbursement requests to the PTO Treasurer via email, ask to have it placed in the PTO folder in the school office, or by mail:

Madeline Fisher, 2705 W. 132nd St, Leawood, KS 66209 OR nativityptotreasurer@gmail.com

Please mark the appropriate box:

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Mail check to the company on the invoice.

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Send check via backpack mail. List student name & classroom: _____

For Treasurer's Use Only:

ACCOUNT:		CHECK NUMBER:
APPROVED BY (PTO OFFICER):	DATE:	
APPROVED BY (PTO OFFICER):	CHECK DATE/LOG DATE:	MAIL/DELIVERY DATE: