

# Reimbursement Check Request



Harbour Pointe Middle School PTO

Your Name:	Phone: (      )      -
Project / Category:	
Date Submitted: /       /	Date Needed: /       /
Reason for Check:	

Check Payable To:	Amount:* \$
Address of Payee: (if no invoice attached)	

If this is a bill that needs to be paid, attach the invoice to this form and Treasurer will mail it.

\*All check requests must have the original supporting documentation, copies will only be accepted with PTO Officer prior approval.

Requestor:	Date: /       /
Approved By (PTO Officer)	Date: /       /

*For Treasurer's Use Only:*

Budget Category: \_\_\_\_\_ Check #: \_\_\_\_\_ Paid Date: \_\_\_\_\_

Mail Date: \_\_\_\_\_ Logged: \_\_\_\_\_