

St. Catherine Laboure PTO Reimbursement Request Form

Requests for reimbursement must have a completed form (**no exceptions**). All receipts that relate to this particular reimbursement request **MUST** be attached (staple or tape receipts to back of form or to another sheet of paper — no loose receipts please).

Completed forms should be returned to the school office. If request is needed immediately, it is **your** responsibility to inform the office staff and/or Treasurer. **All requests must be submitted at least two weeks/fourteen days prior to date needed.** Receipts must be submitted no later than 30 days after the event date for reimbursement.

Name of Requestor: _____

Committee: _____

Date Check Requested: _____ Date Check Needed: _____

(All requests must be submitted at least two weeks/fourteen days prior to date needed.)

Check to be returned to Requestor *(check will be returned to school office)*

Check to be sent home with student *(see below)*

Student's Name: _____ Grade/Room: _____
(Treasurer not responsible for lost checks)

Check made payable to: _____

Check amount \$ _____

Check is payment for: _____

*(All receipts that relate to this particular reimbursement request **MUST** be included.)*

PTO Treasurer, Angela Dawson
(717) 919-7398
adawson128@gmail.com

This section to be completed by Treasurer and/or Principal

Treasurer's Approval _____ Principal's Approval: _____

Check # _____ Date Check Written: _____ Budget Category: _____