

# 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, Dorian Skrinak**

**(717) 497-8129**

[dgs4912@yahoo.com](mailto:dgs4912@yahoo.com)

*This section to be completed by Treasurer and/or Principal*

Treasurer's Approval \_\_\_\_\_ Principal's Approval: \_\_\_\_\_

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