

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, Janell Maglowski

(610) 442-4800

janellmaglowski@hotmail.com

This section to be completed by Treasurer and/or Principal

Treasurer's Approval _____ Principal's Approval: _____

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