Barbara Bush Elementary School PTO

Check Request and Reimbursement Form

(To be used when requesting funds from the Treasurer)

Payable to: _____ **Date Needed:** _____

Address: _____ **Phone:** _____

Check Requester: _____ **Date:** _____

Budgeted Account: _____ **Invoice #** _____

ITEM	PLACE OF PURCHASE	QUANTITY	UNIT COST	TOTAL
	TOTAL:			

Treasurer's Notes:

Date Received: _____

Date Paid: _____

Check Number: _____

Amount of Check: _____

Remarks:

Chairman's Authorization _____

Treasurer's Signature: _____

President's Signature: (>$1000) _____

Attach Receipt(s)