

For Treasurer Use Only: Paid Date: _____ Check # _____ Amount: \$ _____
Closed, All Documents attached: _____

Tyngsborough PTO Reimbursement/Check Request

For Cash & Carry Purchases / Prepayments of Items ALREADY APPROVED/BUDGETED

Submitted by: _____ Date: _____

Make Check Payable to: _____ Amount: _____

Item/Service Purchased: _____

Purpose (i.e. purchased for school(s), grade(s), classroom(s), event, etc.): _____

_____ Reimbursement – Original receipt/paid invoice is attached. Item(s)/service(s) have been received in good condition.

_____ Original receipt/paid invoice will be forwarded upon purchase to: _____ (PTO Officer) with a copy of this request or a note referring to it. PLEASE, always ask for a receipt for ALL purchases. We must have it to complete our records and close out our paperwork.

Please supply the information requested and return the completed form to the appropriate PTO Board Member. Thank you!

Additional Information:

Submitted by: _____
(signature)