

INTERNAL CHECK REQUEST - REIMBURSEMENT REQUEST FORM

PTO or SUPPORT GROUP NAME: _____

REQUESTER: _____

DATE SUBMITTED: _____

EVENT: _____

DATE NEEDED _____

REQUESTER SIGNATURE: _____

NAME TO APPEAR ON CHECK: _____

SALES TAX PAID:

Category: _____	Description: _____	Amount: _____	
Category: _____	Description: _____	Amount: _____	
Category: _____	Description: _____	Amount: _____	
Category: _____	Description: _____	Amount: _____	

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Attach all original receipts and/or invoice(s).

Total Reimbursement: _____

Approved by: _____
(PTO/Support Group Officer)

Date: _____

Approved by: _____
(PTO/Support Group Officer)

Date: _____

For PTO or Support Group Treasurer's Use Only

Category: _____
Date: _____

Check #: _____
Amount: _____
Logged by: _____

SALES TAX PAID TO THE DISTRICT

Check #: _____

Amount: _____