

WALKER SCHOOL PTO

Request for Reimbursement/Check Voucher



Please attach original or copy of the receipt, invoice or contract.

Date _____

Person Requesting Reimbursement/Check _____

Function (Budget Item or Committee) _____

Reimbursement For _____

Make Check Payable To _____

Address of Payee, If Needed _____

Total Reimbursement/Check Amount Requested \$ _____

Committee Chair Signature _____

Requestor's Signature _____

Special Notes: _____



For PTO Treasurer Use Only:

Check Number _____ *Date of Check:* _____

Mailed: _____ *Deliver/Pick Up:* _____