



WALKER SCHOOL PTO

Walker School | 120 Walker Avenue | Clarendon Hills, IL 60514

Reimbursement / Check Request Form

Must be accompanied by contract, receipt or invoice. Sales tax will not be reimbursed.

Date: _____ Requestor : _____

Budget Item/Committee: _____

Reimbursement For: _____

Make Check Payable To: _____

Total Amount Requested: \$ _____

Requestor Signature: _____

Special Notes/Directions/Due Date/Mailing Address for Check: _____

Committee Chair or Officer Signature: _____

For PTO Treasurer Use

Check #:	Date:	Delivery:
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