



All Saints PTO Check Request Form

Date: ____ / ____ / ____

PTO Committee: _____

Are you the committee Chair?

- Yes, I am the Committee Chair and have the authority to approve this expense
No, I am not the Committee Chair but have their explicit approval for this expense
No, my Committee Chair is not aware of this expense, and I recognize it may not be reimbursed

Are you submitting this reimbursement request prior to or within the 2 weeks from event date?

- Yes, the event this expense supported within 2 weeks from today
No, I recognize it's beyond the 2 weeks from event date

Please describe the expense (i.e., item(s) purchased, store/vendor, item quantity):

Two horizontal lines for describing the expense.

Reimbursement check pay to the order of name:

Reimbursement check amount:

Horizontal line for pay to the order of name.

\$ _____ . _____

Reimbursement check send to address:

If your address does not match the parish or school directory, we may mail the check to the school to be added to your child's folder, which could create a delay in receiving your reimbursement.

Street Address

City, State Zipcode

Your Name: _____ Phone: (____) _____ - _____

Your Email: _____

Please send completed form through school mail or to: Brigida Loucks, 11477 Gideon Lane, Cincinnati, OH 45249

Please confirm your PTO Committee Chair has approved this expense before submitting it for reimbursement. PTO Board will periodically validate expenses with the respective Committee Chair, and if the Chair is unfamiliar with the expense your reimbursement will most likely be delayed due to PTO policy and good stewardship standard. Please remember that expenses will not be reimbursed without receipt support or committee classification.

If you have any questions regarding this form or the status of a request, please contact All Saints PTO Treasurer, Brigida Loucks at AllSaintsPTOTreasurer@gmail.com.