

# St. John the Baptist PTO

## Check Reimbursement Request Form

Instructions: Please be sure to complete this form in its entirety

1. All requests must have original receipts stapled to this form
2. No checks will be issued without this form completely filled out
3. Checks will be signed twice a month on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday and will be issued after signing
4. Provided details in the "Description of Expenditure" section.

Payable To:

Check Amount:  Date:

Description of Expenditure:

Please select appropriate category in which expenditure was budgeted:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Box Top              | <input type="checkbox"/> General Fund         | <input type="checkbox"/> Spring Fling                 |
| <input type="checkbox"/> Carnival             | <input type="checkbox"/> Graduation           | <input type="checkbox"/> Teachers Luncheon            |
| <input type="checkbox"/> Catholic School Week | <input type="checkbox"/> Kickball             | <input type="checkbox"/> Teachers Class Resource      |
| <input type="checkbox"/> Chair Appreciation   | <input type="checkbox"/> Library              | <input type="checkbox"/> Teachers Professional Growth |
| <input type="checkbox"/> Christmas Program    | <input type="checkbox"/> Membership           | <input type="checkbox"/> Welcome Breakfast            |
| <input type="checkbox"/> Dance                | <input type="checkbox"/> Other Special Events | <input type="checkbox"/> Walk A Thon                  |
| <input type="checkbox"/> Eight Grade Trip     | <input type="checkbox"/> Room Parents         | <input type="checkbox"/> Not Budgeted                 |
| <input type="checkbox"/> Enrichment Program   | <input type="checkbox"/> Santa Workshop       | <input type="checkbox"/> Unknown                      |
| <input type="checkbox"/> Field Day            | <input type="checkbox"/> Scholarships         | <input type="checkbox"/> Excess Funds                 |
| <input type="checkbox"/> First Communion      | <input type="checkbox"/> Special Persons Day  |   |

Handling instructions:

Return check with my child    Child Name  Teacher  Room #

Other    *Please specify*

Signature

Accounting Use Only

Check #  Date Issued  Approved