CHECK/FUNDS REIMBURSEMENT REQUEST

5500 Dixon Drive
Raleigh, NC 27609
919-881-4800

Email this completed form, along with copies of your receipts, to the PTO Treasurer at: sandersonHSPTOTreas@gmail.com

Date: _____ Budget Category/Line Item: _____

Click here to view the 2023-24 PTO Budget for Reference

Check Payable to

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Itemized Expense(s)	Amount(s)

Total $ _____

For Treasurer Use Only

Date:
Check#:
Amount:

Approval Signature 1: _____

Approval Signature 2: _____