

Buckalew Elementary PTO
Check Request

Check Written To _____
(Company name)

For the amount of _____

Invoice Must Be Attached

Check Should be sent to

____ Address on invoice
____ Delivered to school PTO box
____ Other _____

Date Needed _____

Your Name _____

Phone Number _____

Committee _____

Purpose of Check _____

*****Committee Chair Person Signature*****

Complete and Return to Kristi Allen. Any questions, call Kristi at 281-292-1705, or email toddandkristiallen@sbcglobal.net.

Treasurer Use Only

Approval Signature _____

From Budget Account _____

Date _____ Check # _____

Buckalew Elementary PTO
Reimbursement Request

Your Name _____

Address _____

Phone Number _____

Committee _____

*****Committee Chair Person Signature*****

Please reimburse me for the following purchases made for Buckalew PTO.

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total	_____**

*****Please attach all receipts.***

Check Should be sent to

____ Address Above
____ Delivered to school PTO box
____ Other _____

Complete and Return to Kristi Allen. Any questions, call Kristi at 281-292-1705, or email toddandkristiallen@sbcglobal.net.

Treasurer Use Only

Approval Signature _____

From Budget Account _____

Date _____ Check # _____