

Pocopson Elementary Chairperson Reimbursement/Check Request

Date: _____

Check is payable to: _____

Address to mail the check: _____

(checks cannot be sent via
backpack express)

Due Date (if payable to a company): _____

Person requesting check: _____

Email address of requester: _____

Committee name and reason for reimbursement:

**Please itemize and total expenses and staple receipts to this form.
This form and receipts (or invoice) are required for reimbursement.
Please submit to the PTO Treasurer's folder in the Main Office.
All requests must be submitted by the last day of school.**

<u>Date Purchased</u>	<u>Amount</u>	<u>Notes</u>
Total		