

# St. John the Baptist PTO Check Reimbursement Request Form

*Please all attach receipts to the reimbursement request form*

Payable To:

Check Amount:

Date:

Description of Expenditure:

**Please check the appropriate category in which the expenditure was budgeted**

- |  |   |   |
|--|---|---|
| <input type="radio"/> Carnival               | <input type="radio"/> Field Day               | <input type="radio"/> Special Persons Day         |
| <input type="radio"/> Box Top                | <input type="radio"/> First Communion         | <input type="radio"/> Spring Fling                |
| <input type="radio"/> Blue Jay Pride Award   | <input type="radio"/> General Fund            | <input type="radio"/> Teacher's Luncheon          |
| <input type="radio"/> Breakfast in Bethlehem | <input type="radio"/> Graduation Memory Books | <input type="radio"/> Teachers Class Resource     |
| <input type="radio"/> Catholic School Week   | <input type="radio"/> Membership              | <input type="radio"/> Teacher Professional Growth |
| <input type="radio"/> Christmas Program      | <input type="radio"/> Room Parents            | <input type="radio"/> Welcome Breakfast           |
| <input type="radio"/> Dance                  | <input type="radio"/> Santa Workshop          | <input type="radio"/> Walk a Thon                 |
| <input type="radio"/> Eight Grade Trip       | <input type="radio"/> Scholarships            | <input type="radio"/> Not a budgeted item         |
| <input type="radio"/> Everybody Counts       | <input type="radio"/> Music Enrichment        | <input type="radio"/> Unknown                     |
|  |   | <input type="radio"/> Excess Funds                |

**Handling instructions:**

**Return check with my child**    Child Name     Teacher     Room #

**Other**    *Please specify*

**Signature**

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Accounting Use Only

Check #

Date Issued

Approved