

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

Accounting Use Only

Check #

Date Issued

Approved