



## Saint Patrick Catholic School PTO Expense Reimbursement/Check Request Form

### Instructions

Use this form for ALL expense reimbursements or check requests. Please attach all receipts and/or invoices to this request form. Committee members should not submit receipts without the chairperson's knowledge and approval.

Any questions contact Jennifer Meacham at [jenmeacham1@gmail.com](mailto:jenmeacham1@gmail.com).

Today's Date \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Requestor's phone or email \_\_\_\_\_

Request a check for \$ \_\_\_\_\_ made payable to \_\_\_\_\_

Committee \_\_\_\_\_

Event/Program Name \_\_\_\_\_

Description of Expense \_\_\_\_\_

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Please designate delivery to the Treasurer's Mailbox in the school office.  
(for backpack mail purposes)

Send requested reimbursement via backpack mail through \_\_\_\_\_