

# St. Clare of Assisi School PTO Reimbursement Request Form

Check Payable to: \_\_\_\_\_

Email address to notify when the check is ready ( if applicable ) \_\_\_\_\_

Oldest child's grade and homeroom teacher : \_\_\_\_\_

For each receipt, please complete the information below:

<u>DATE</u>	<u>PLACE OF PURCHASE</u>	<u>PTO FUNCTION for which item was purchased</u>	<u>AMT.</u>
-------------	--------------------------	--	-------------

TOTAL AMOUNT OF CHECK REQUEST \_\_\_\_\_

\*\*\* please note - reimbursement checks may take a week to be processed and received by requestor. \*\*\*

Please check which option you would like to have for remittance:

\_\_\_\_\_ backpack mail (please note oldest child name and homeroom) \_\_\_\_\_

\_\_\_\_\_ will pick up at the rectory office

\_\_\_\_\_ will pick up from the PTO mailbox

PTO USE ONLY

CHECK # \_\_\_\_\_

CHECK AMT. \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_

