

Clarke Elementary School PTO

**PTO Reimbursement/Payment Request Form**

**Date: \_\_\_\_\_\_\_\_\_\_ Amount requested: \_\_\_\_\_\_\_\_\_\_\_\_**

**Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief description of payment (i.e. Classroom supplies, K-breakfast):**

**Please complete all sections. Checks will be mailed to address provided.**

**Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, state, zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**\*\*Please attach copy of receipt(s) or invoice(s) \*\***

**For office use only**

**Date Paid: Check #: Initials:**