



Request for Expenditure Reimbursement
 To be reimbursed your MUST include copies of the ORIGINAL receipt with your request!

Please email this completed form with copies of your original receipt(s) to the PTO Treasurer at StPatPTOTreasurer@gmail.com.

Please allow up to 4 weeks to receive your check. (Note: Checks not cashed after 6 months will not be reissued)

Questions? Contact the PTO Treasurer: StPatPTOTreasurer@gmail.com

REQUEST FOR REIMBURSEMENT

Check Payable To: _____

Address: _____

Date of Request: _____ Date Check Needed: _____

Hold for pick-up by: _____

Give To: _____

Checkmark to Mail: _____

AMOUNT: _____

Description: _____

Received/Requested By: _____

Description	COA Acct. No(s).	Amount	Project Name

For Business Office Use:	Bank Acct. Gaming Foundation	Check No. _____
	_____	Date Paid: _____
Payment Approved By:		