



RIDGEWOOD SCHOOL PTO

# REIMBURSEMENT / CHECK REQUEST

Please **attach all original receipts** and place completed form in the PTO mailbox or contact the treasurer for delivery. Please allow 5-7 business days for your check to be processed.

Date Submitted: / /		Total Amount Due: \$
Your Name:		Email:
Project / Event / Category:		
Specific Description of Expenses:		
<input type="checkbox"/> Included in Annual Budget <u>or</u> <input type="checkbox"/> Approved at Meeting (Date: / / )		

Check Payable To:		W-9 Form: <input type="checkbox"/> N/A <input type="checkbox"/> Requested <input type="checkbox"/> Received
<input type="checkbox"/> Check Instructions (Check One): <input type="checkbox"/> Give to Payee <input type="checkbox"/> PTO Mailbox for Pick-up <input type="checkbox"/> Mail to Following Address:		
Street Address:		
City:	State:	Zip Code:

Approved by (PTO Officer): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (PTO Officer): \_\_\_\_\_ Date: \_\_\_\_\_

**For Treasurer's Use Only:**

Date Received:	Check Date:	Check #:	Amount Paid: \$
Account / Budget Line:			
Delivery Method: <input type="checkbox"/> Personally <input type="checkbox"/> Mailed <input type="checkbox"/> PTO Mailbox <input type="checkbox"/> Other (Specify):			Delivery Date: