## Washington Elementary Parent Teacher Organization 5675 Eiterman Road, Dublin OH 43016

## **Request for Check or Reimbursement**

		Requestor to C	omplete					
Request Date:	1 1	Amount: \$	•	Date Needed appli	(if icable)	/	1	
Requested	l by:			le to (if different):	· <u></u>	, ,		
Requester	's Phone #:		<u>.</u>	ster's Email address:				
	Place in PTO Mailbox	Place in St.	-	_				
					ic with child	Child's name & classroom		
	Mail to:							
making tax	able purchases for the PTO. Whe	O, as a charitable organization, is extended to the tax exempt certificate, in the certificate when purchasing personal	tems purc					
	<b>Budget Category</b>	<b>Description/Amount</b>		<b>Budget Category</b>		Description/A	mount	
	Artist in School			Spirit Wear				
	Bereavement			Spirit Nights				
	Bookroom			Staff Appreciation				
	Donations			Teacher Support				
	Field Days			- Teacher Name/Grade				
	- Supplies			Walk-A-Thon				
	Fifth Grade Party			Fun4-All				
	Gift Card Sales			- Games				
	Market Day			- Raffle				
	Mini-Grant			- Silent Auction				
	- Teacher Name/Grade			- Tickets				
	PTO Mgmt Expenses			- Food/Drink				
	PTO Events			Other				
	Publishing Shop			Other				
	Room Parent/Class Parties			Other				
	- Teacher Name/Grade			Other				
	- Teacher Name/Grade			Other				
		Treasur	er's Use	Only				
Approved	by:	Treasurer			Budge	ted Item		
Approved by:		Assistant Treasurer				udgeted Item	obtain	
	Check #:	Check Date	e:	QuickBook	s Acc	ount #:		

Revised: October 2010 Filename: Check Request.xls