

COLONY MEADOWS PTO CHECK/REIMBURSEMENT REQUEST FORM

PAYEE INFORMATION		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		
Budget Item*	Description	Amount
TOTAL \$		
Note: Receipts must be included.		
* If you do not know the Budget Item (eg Classroom Enhancement, Fall Carnival, etc), please leave blank.		
Signature of Person Submitting Request: _____		
Date: _____		

Treasurer Use only. Date Paid: _____	Check Number: _____	Initials: _____
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Sept 2014

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