

EKHLA PTO EXPENSE REIMBURSEMENT/CHECK REQUEST FORM

Name: _____ Date Submitted: _____ Approval: _____

PTO Board Member

Address and Phone: _____

Parent/Teacher/Staff

Address and Phone: _____

Event/Purpose of Expense: _____

<u>Date</u>	<u>Description</u>	<u>Amount</u>	<u>PTO Use Only</u>
Checks will only be cut on Thursdays. Please allow 1-2 weeks for reimbursement.			

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