



JHS PTO

Check Request / Reimbursement Form

Date: _____ Amount: _____

Purpose (Account / Event): _____

Contact info: (email/phone #): _____

Description/ Purchase: _____

Person Requesting Check or Payment:

Name: _____

Contact Info/email/phone#: _____

Check Payable to: _____

Address: _____

(for parent reimbursement via classroom distribution; please supply child's name & teacher)

Attach receipts to this request or hand them in after you receive them. Check requests can be emailed to Angelique Burke aburke@hbcommunications.com or leave them in the JHS office PTO box Attn: Angelique Burke, JHS PTO Treasurer.

(For PTO Treasurer Use)

Debit Card: _____ Check #: _____ Amount: _____ Date: _____

Date Mailed: _____ Date Hand Delivered: _____