



JHS PTO

Check Request / Reimbursement Form

Date: _____ Amount: _____

Purpose (Account/Event): _____

Person Requesting Check

Name: _____

Contact info: (email / phone #): _____

Check Payable to: _____

Address (if applicable): _____

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

(For PTO Treasurer Use)

Check #: _____ Amount: _____ Date: _____