

# LOMA VISTA ELEMENTARY SCHOOL PTO

## CHECK REQUEST FORM

All requests for reimbursement must be submitted to the PTO President or Treasurer within thirty (30) days of expenditure. Receipts, invoices or PO's must be attached.

Amount \$: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

Items Purchased	Purpose/Event	Amount
		\$
		\$
		\$
		\$
<b>Total Due:</b>		\$

Make Check Payable To: \_\_\_\_\_

Phone: \_\_\_\_\_ Is it ok to text to this number? Yes / No

Email Address: \_\_\_\_\_

For Teacher/Staff Reimbursement, please read and initial the following:

*Because the Loma Vista PTO is a non-profit organization, I understand that any non-consumable items purchased through these funds become the property of Loma Vista should I leave this campus.*

Initial Here

\*\*\*\*\* **RECEIPTS MUST BE ATTACHED** \*\*\*\*\*

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Executive Board Member)*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Treasurer)*

*(This section to be completed by Treasurer)*

Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

Date Approved/Ratified by Membership: \_\_\_\_\_ Date Posted to General Ledger: \_\_\_\_\_