

Manning Elementary PTO  
**Check/Reimbursement Request**

Questions contact Lauren Baldwin 630-242-0340

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Project/Category \_\_\_\_\_

Date Needed \_\_\_\_\_ Date Mailed \_\_\_\_\_

Reason for Check/Reimbursement:

\_\_\_\_\_  
\_\_\_\_\_

*Included in annual budget.....or.....*  *Approved at meeting (date \_\_\_\_\_)*

Check Payable to \_\_\_\_\_

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

Address of Payee (*if no bill attached*)

\_\_\_\_\_

***If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.***

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

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For Treasurer's Use Only

Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

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