



HICKORY CREEK ELEMENTARY
 PARENT TEACHER ORGANIZATION
 235 Hickory Creek Trail
 Saint Johns, FL 32259

Web: hcepto.org
 Email: hcepto05@yahoo.com

TREASURER USE ONLY:

___ Approved in annual budget
 ___ Approved during PTO
 meeting: _____ (date)

Date Paid: _____
 Check #: _____



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Reimbursement/ Payment request

Submitted by (Name): _____
 Contact Info for any Questions: _____
 Submission Date: _____
 (Submission date should be within 30 days of expense/event.)
 Amount of Reimbursement or Payment: \$ _____
 Make Check Payable to: _____
 Send Check to (address or pick up): _____

Project/Committee or line item from budget: _____
 (i.e. "Fall Carnival," "Membership," or "PTO Supplies")
 I certify that the above expense is for official PTO expenses and supplies. I have
 attached a valid receipt or bill. _____ (Initial)
 _____ Signature of Submitter
 _____ Printed Name
 _____ Signature of Exec Board Mbr

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