



HICKORY CREEK ELEMENTARY
Parent Teacher Organization

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.

_____ Signature of submitter

_____ Signature of Executive Board Member

TREASURER USE ONLY:

[] Approved in annual budget

[] Approved during meeting (date): _____

Date paid: _____

Check #: _____