



Reimbursement / Payment Request Form

To: Maltby PTO Treasurer

Important: Please include receipt(s) and briefly explain the expense(s).

TOTAL \$: _____

Please make check payable to: _____

(Include address if necessary)

Expenses incurred for: _____

Receipt details and special instructions: _____

Submitted by: _____

Date: _____

Funds needed by: _____

For Treasurers Use Only

Check Date: _____ Amount \$: _____ Check #: _____

Account/Category: _____

Authorized by: _____