FRIENDS OF PACIFIC RIM PTO

CHECK REQUEST

SCHOOL YEAR: 2021-2022

TODAY'S DATE: _____

Please ensure that all receipts for reimbursement are attached to this form. No payment will be made without receipt!

REQUESTED BY: _____

CONTACT INFO: _____

(Phone, text, or email)

Description of Request:	**If a shared teacher expense list all names & amounts	(FOPR PTO USE ONLY) Budget Category:	Amount:

TOTAL AMOUNT DUE:	

PAYABLE TO: _____

MAILING/DELIVERY ADDRESS:

PUT IN BOX:

Requested by: _____
Signature Required

Approved by: _____
FOPR PTO Board Member

Date: _____

Date: _____

FOPR ACCOUNTING ONLY:	
Check #:	Check Date:
Amount of Check:	Check Preparer:

Reimbursements will be processed 14-21 days from receipt