Nitrauer PTO Check Request		Date
Name and Signature of Person Requesting:	(print name)	(signature)
Telephone:		
PTO Activity:	Description of Expense:	
Check Payable to:		-
How would you like to receive the check?		
Mail (Address:)
Send Check Home with Stud	lent	
(Name of Student:	Grade:	Teacher:)
Pick up Check in Office		
m - 14	Executive Team Approva	al:
Total Amount Requested: Check #: Date Paid: When requesting reimbursement from the PTO, prequired receipts may be emailed to Alex Massie, office with your student. Please allow 7-10 days for the property of the property	please include all receipts. The operation of the place o	completed check request form and
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