## *Nitrauer PTO Check Request* *Date*_____

Name and Signature of Person Requesting: _____
(PRINT NAME) (SIGNATURE)

Telephone _____ Email Address _____

PTO Activity _____ Description of Expense _____

Check Payable to _____

How would you like to receive the check?

_____ Pick up Check in Office

_____ Send Check Home with student

(Name of Student _____ Grade ____ Teacher _____)

_____ Mail (Address: _____ )

**Total Amount Requested _____ Executive Team Approval _____**

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*Check #* _____ *Date Paid* _____ *Charge to Account* _____

When requesting reimbursement from the PTO, please attach all receipts to this form and place in the PTO mailbox behind Ellie in the school office. Alternatively, you could scan this form and applicable receipts and email to ahartz7@comcast.net. Thank you!- Amy Hartz, PTO Treasurer.

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