

Timber Ridge PTO

Check Request

This request is for: _____ Reimbursement (attach your receipts)
_____ Payment (attach a copy of the invoice)

Your Name _____ Phone _____

Date Submitted _____ Committee/Project _____

Reason for Reimbursement _____

Make Check Payable to : _____

Full Address _____

Amount \$ _____

(Co-President signature required if over \$50.00 per event)

Approved by Co-President _____ Date _____

Please make a copy for your records
For Treasure's Use only

Check # _____ Date Request Paid _____ Amount \$ _____