

## Loomis PTO Check Request/Reimbursement Form

Check requested by: \_\_\_\_\_

Payee \_\_\_\_\_

Address \_\_\_\_\_

City, State and zip \_\_\_\_\_

Amount \_\_\_\_\_

Reason for Expense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee \_\_\_\_\_

Circle one

Please mail check to payee, school mail or child's school bag

Child's Name \_\_\_\_\_

Child's Rm # \_\_\_\_\_

*Original receipts for reimbursement/Original bill for payment must be attached.*

Send to Treasurer: Aida Roth

Expenses will be reviewed and processed for payment.

