

PTO

Request for Funds

Your Name: _____ Date: _____

Phone: _____ Email: _____

Total Amount Requested or Paid: _____

Please provide a brief description or attachment of what is being requested or purchased.

Reviewed by School Director: _____ Date: _____

Approved by PTO Officer or Chairperson: _____ Date: _____

Expense Reimbursement

Total Amount Requested or Paid: _____

Check payable to: _____

Full address: _____

Receipt(s) totaling the amount of reimbursement must be attached.

For Treasurer's Use Only

Category: _____ Check#: _____

Dated: _____ Logged: _____

Date Check mailed or returned to PCKCS: _____

THANK YOU for helping us to be accountable.

If you have any questions, please call Kathy Johnson at 720-851-2929 or kdj22@comcast.net.