



East Moriches PTO
Check Request/Return Funds Form
 (Tax Exempt New York ID: 248237)

Today's Date: _____

Event Name: _____

Budget: \$ _____ Event Date: _____

(Please select one below)

Advance _____

Reimbursement _____

Returning Funds _____

This form must be completed by anyone requesting or returning money for PTO Events.
No personal purchases may be shown on receipt(s).

Name/Vendor	_____
	(name to appear on check)
Mailing Address	_____

Phone	_____

Item(s) to be purchased (If being reimbursed attach ORIGINAL receipts to this form):

Total Amount Requested \$ _____

By signing this form I agree to return all remaining funds or original receipts (no handwritten receipts) within one week after the event or I have attached an invoice to this form. I understand that nonprofit funds may NOT be used to pay sales tax nor will I be reimbursed for any paid sales tax. I understand that I must stay within budget.

PTO Chair Signature: _____ **Chair PRINTED Name:** _____

Issued by: _____ *Treasurer Signature* Date: _____ Check #: _____

RETURNING FUNDS	
Advance Amount: \$ _____	- Total Spent \$ _____ = Returned Amount: _____
PTO Chair Signature: _____	Chair PRINTED Name: _____
Treasurer Signature: _____	Cash _____ Check _____ Check #: _____