



**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)

*Check/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: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_  
*Treasurer Signature*

**RETURNING FUNDS**

**Advance Amount:** \$ \_\_\_\_\_ **- Total Spent** \$ \_\_\_\_\_ **= Returned Amount:** \_\_\_\_\_

**PTO Chair Signature:** \_\_\_\_\_ **Chair PRINTED Name:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check** \_\_\_\_\_ **Check #:** \_\_\_\_\_