



STONE BRIDGE PTSO

43100 Hay Rd. Ashburn, Virginia 20147 | Phone: (571) - 252 - 2200

REIMBURSEMENT/ CHECK REQUEST FORM

DATE PAID
CHECK #

The following items have been purchased or are being requested for the benefit and/or use of Stone Bridge PTSO.
Notice: Reimbursement checks will be issued on the 1st & 15th of every month. Expenses submitted by the 1st of the month will be paid by the 15th. All others will be paid by the 1st of the NEXT month.

Event: _____ Date: _____

Name: _____ Email: _____

Make check payable to:

Name: _____

Address: _____

City: _____

Email: _____ Zip Code: _____

Chair/Board Member Signature: _____

Please itemize bill and attach all receipts to this form. Treasurer will complete budget category section. Please submit requests no later than 60 days after event. Incomplete forms will not be accepted or paid.

Budget Category	Description	Amount
TOTAL		\$

Treasurer Use Only

Approved at Board Meeting: Yes No Date: _____

Budget Category: _____

Treasurer Signature: _____ Date: _____

President's Approval: _____ Date: _____