

Attention: Catherine Knight, PTO Treasurer

Check #: _____ Date Paid: _____

Phone: 410-353-7597

Email: catknight44@gmail.com

Amount: _____ Initials: _____

All reimbursement for 2018/19 needs to be submitted by 6/25/19

Maple Dale – Indian Hill PTO Check Request / Request for Reimbursement

Date: _____

Requestor Name: _____

Phone #: _____

Committee/Event: _____

Event Date: _____

Date Check Needed: _____

Amount: _____

Make Check Payable To: _____

Check One:

- Return Check To Requestor Via Student

Child's Name _____ Teacher/Grade: _____

- Return Check To Office

Please specify MD or IH: _____

- Send Check To Other:

Address: _____

- Send Check To Vendor With Attached Invoice

Address: _____

Attach receipts to form for payment (if applicable)