

BRAELINN ELEMENTARY SCHOOL PTO

Check Request/Expense Reimbursement

Requested By _____ Phone # _____

Date Requested _____ E-mail _____

Amount \$ _____

Program or Committee _____

Purpose of expense/itemization _____

If this is for a debit card purchase check here:



Unless coordinated otherwise, reimbursement/payment will be mailed directly to the payee via online bill pay. The check is normally received approximately 4 days after submission by the treasurer.

Payee _____

Address _____

*** PLEASE ATTACH INVOICES/RECEIPTS/BILLS TO THIS FORM**

For Treasurer

Date Received: _____

Date Check Delivery _____

Confirmation # _____