



# Perry Hill School PTO



## REIMBURSEMENT REQUEST

Your Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Project / Event: \_\_\_\_\_

Reason for Check: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check Payable To: \_\_\_\_\_

Address of Payee (if a bill is not attached): street/unit: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_

**Submit check requests to Christina Puttock via email at: [christinaputtock@gmail.com](mailto:christinaputtock@gmail.com) or in an envelope for the PTO box in the PHS office. Please notify Christina at the address above.**

Once approved, a check will be issued to Payee and mailed if an address is provided.  
Otherwise it will be placed in the PTO box in an envelope to your attention.

Approved by (PTO Officer): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (PTO Officer): \_\_\_\_\_ Date: \_\_\_\_\_

### FOR TREASURER'S USE ONLY

Check # \_\_\_\_\_ Dated: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Logged: \_\_\_\_\_