

Hough Street School PTO Reimbursement/Deposit Form

Please make a copy for your records.

Attach all receipt(s) invoice(s) check(s) and submit to Treasurer

Person Submitting _____

Phone & Address _____

Committee/Event _____

Date Submitted _____

For Reimbursement:

Check Payable to _____

Address to Send Payment _____

Amount of Check _____

Description of Reimbursement _____

For Deposit:

Cash \$ _____ Check(s) _____ Total \$ _____

If there is more than one check please attach a list and include the following:

Payer's Last Name	Check #	Check Amount
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Signatures Required:

Committee Head _____

Executive Board Member _____

Treasurer Notes/Office Use

Reimbursement Check # _____ Date Paid _____

Deposit Date Deposited _____