

**BEAVER CREEK PTO
CHECK/REIMBURSEMENT REQUEST**

(submit to Treasurer's mailbox in PTO office)

Date: _____

Submitted by: _____

Committee: _____

Purpose: _____

_____ Reimbursement (Receipts attached)

_____ Other (Attach bills, invoices, contracts, etc.) _____

Amount of Check: _____

Date Needed By: _____

Payable to: _____

Address (if to be mailed):

Note: The treasurer may reimburse expenses up to \$100. Expenses between \$100 and \$300 must be signed by one executive member. Expenses over \$300 requires pre-approval at a scheduled PTO meeting.

Approvals: _____

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For Treasurer Use Only:

Date: _____ Check #: _____ Amount: _____

Dated Cleared: _____ Statement Date: _____

If you have any questions, contact PTO Treasurer Sara Lahey

bcpto.treasurer@gmail.com