

FRIENDS OF SAUGANASH ELEMENTARY SCHOOL SAUGANASH PTO

CHECK REQUEST

DATE:	TOTAL AMOUNT REQUESTED:
PAYABLE TO:	
EVENT/REASON FOR EXPENSE:	
ITEMIZED EXPENDITURES (or attach receipts):	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
SIGNATURE OF PERSON REQUESTING REIMBURSEMENT:	
APPROVED BY (appropriate board member):	
X	X
CONTACT INFORMATION TO RETURN CHECK (classroom #, cell phone #, email, or mailing address if the check is to be mailed)	
FOR TREASURER'S USE ONLY	
CHECK #	DATE ISSUED: