



**CURÉ of ARS**  
CATHOLIC SCHOOL

**PTO Reimbursement Request Form**

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Send check home with: \_\_\_\_\_

*(student's name)*

\_\_\_\_\_  
*(homeroom teacher)*

OR Mail check to: \_\_\_\_\_

Description of Expenditure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone #: \_\_\_\_\_

**NOTE: RECEIPTS OR ORIGINAL INVOICE MUST BE ATTACHED.**

Please email the completed form and receipts/invoice to the PTO Treasurer, Matt Devereux (mdevereux3@gmail.com), or you may leave the completed form at the school office. Expect a check within 10 school days.

For Treasurer's Use:	
Approved by: _____ <i>(current PTO President or Principal)</i>	Date: _____
Date Paid: _____	Check Number: _____