



## Larsen Middle School PTO Check Request Form

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

Event/Fund to be charged: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Expense: (Please attach all receipts/invoices)

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Check Payable To: \_\_\_\_\_

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

**PTO BOARD APPROVAL:** \_\_\_\_\_

\*As a general rule, allow 2 weeks for processing of a reimbursement. If the request is more time critical, contact the Treasurer as listed below.

Please contact Treasurer, Betty Myers, with any questions at [brmyers\\_68@yahoo.com](mailto:brmyers_68@yahoo.com).