

**OUR LADY OF HOPE CATHOLIC SCHOOL PTO
REIMBURSEMENT/CHECK REQUEST VOUCHER**

Reminder – Original receipts are required for audit documentation

Date Requested: _____

Event/Program to be Charged: _____

AUCTION

Venue Food/Beverage Auctioneer/Entertainment Marketing Decorations & Events

Graphic Design & Print IT/Credit Card Processing Consignment/Large Items

Other: _____

Name/Telephone Number of Requestor: _____

Check Payable To: _____

Address of Payee: _____

Telephone Number of Payee: _____

Child's Name and Teacher: _____

Check Amount: \$ _____

Date Needed: _____

(Advance Funds Only)

Description of Items Purchased

(All ORIGINAL Receipts must be attached)

Amount of Items

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Approved By:

Committee Chairperson/Function Coordinator: _____

(Signature)

(For Treasurer Use Only)

Check Date: _____

Check #: _____

Committee Charged: _____

Signature of Treasurer: _____