

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

Reminder – Receipts are required for audit documentation

Date Requested: _____

Event/Program to be Charged: _____
(Must be listed on PTO Budget)

Name/Telephone # of Requestor: _____

Check Payable to: _____

Address of Payee: _____

Telephone # of Payee: _____

Child's Name and Teacher: _____

Reimbursement Amount: _____

Date Needed: _____
(Advance Funds Only)

<u>Description of Items Purchased</u> <i>(All Receipts must be attached)</i>	<u>Amount of Items</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Approved by:
Committee Chairperson/Function Coordinator: _____
(Signature)

(For Treasurer Use Only)

Check Date: _____ Check #: _____

Committee Charged: _____

Signature of Treasurer: _____