



SKYLINE PTO Check Request Form

Please complete this form and return to the PTO mailbox located in the school office. Payment will be made within 7 days of submission. If payment is needed before that, please indicate that in the comment line. Reimbursement checks to Skyline staff will be placed in their mailbox. Everyone else can pick up their checks from the PTO mailbox after 7 days unless prior arrangements have been made. Thanks!

Name (this will be the check "payee" unless otherwise requested):

Date: _____

Amount: _____

Comments: _____

Reason for Expense: _____

Description of Expense (please indicate where the expense is coming from in the PTO Budget.

Attach a separate sheet if additional explanation is required): _____

Signature

Date

By signing this form I certify that the funds I am requesting above represent reimbursement for legitimate and reasonable expenses associated with the activity or item listed and that no unallowable costs have been submitted to the Skyline PTO for reimbursement.

Attach Receipt(s) to this request

All requests require receipts (or a detailed description if less than \$30).