

The Lane School PTO

Check Request/Reimbursement Form

Your Name: _____

Date Submitted: _____

Check Payable to (Payee): _____

Mailing Address of Payee: _____

•Amount• _____

Committee/Program: _____

Reason for Check/Reimbursement:

***Receipt(s) totaling the amount of reimbursement must be attached.**

For Reimbursement, please submit within 30 days of the event to the Assistant Treasurer
Illinois State and Local Tax are not Reimbursed (Use your tax-exempt wallet cards)

Approved by Principal (Teachers Only) _____

Approved by Committee Chair: _____ Date: _____

Notes taken for Budget Worksheet

For Finance Use Only:

Check#: _____ OR Online Transaction#: _____

Date Processed: _____ Logged to System [] Treasurer Initial: _____

Direct Questions to Assistant Treasurer Amanda Harder at her email:
amandaharder2004@yahoo.com