

The Lane School PTO Check Request/Reimbursement Form

Your Name: _____

Date Submitted
To Committee Chair: _____

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 []

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***For Finance Use Only:***

Check #:\_\_\_\_\_ Date Mailed:\_\_\_\_\_ Logged to System [ ] Treasurer Initial: \_\_\_\_\_

Direct Questions to Nazneen Bandukwala nazneen\_bandukwala@hotmail.com