REIMBURSEMENT/PAYMENT REQUEST

HARVEY OAKS ELEMENTARY PTO

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

e-mail address (for questions regarding the request): _____

Make Check Payable To: _____

Date check is needed: _____ **Checks will be written ASAP.**

Check Delivery:

- Please mail to the address on the invoice. ☐
- Please mail to the address listed above. ☐
- Please call and I will pick up the check. ☐
- Other _____

Signature: _____

Please attach any receipts or supporting documentation for the reimbursement. Requests should be placed in the PTO box at the school. Contact harveyoakspto@gmail.com with any questions.

Invoice/Receipt Date	Description of Item to be Reimbursed	PTO Activity or Budget Line Item	Amount
		Total	

Checks will be written on the 1st and 15th of each month. If reimbursement or payment is needed prior to those dates, please contact Starr Herrington at 402-596-9359 or harveyoakspto@gmail.com

For Treasurer's Use Only Check Number: _____ Check Date: _____