# New Hartford PTO Check Request & Funds Reimbursement Form

Date Requested: _____ Requested By: _____

Phone Number: _____ E-Mail Address, if available _____

Funds were budgeted in which one of the following accounts (please check one):

| | | |
|---|---|---|
| ☐ 4 on the Floor | ☐ 6th Grade Moving Up | ☐ 6th Grade Social |
| ☐ Bereavement Books | ☐ Halloween Party | ☐ Penny Auction |
| ☐ Book Fair | ☐ Membership – Pads | ☐ School Beautification _____ (school) |
| ☐ Cultural Enrichment | ☐ Membership – Phone Book | ☐ School Store (Antolini) |
| ☐ Father-Daughter Dance | ☐ Mother-Son Outing | ☐ Teacher Appreciation _____ (school) |
| ☐ Field Day | ☐ New Hartford Day | ☐ Teacher Appreciation Gifts |
| ☐ Field Trips | ☐ Operating Expense - Hospitality | ☐ The Bridge between Home & School |
| ☐ Good Samaritan | ☐ Operating Expense - Supplies | ☐ Discretionary Fund |

Reason for the check request or reimbursement of funds (Please provide a brief description of what was purchased or the reason for the check request.)

_____

_____

Make Check Payable to: _____

Amount of Check: _____

Check should be sent to (please check one):

☐ Vendor - Please provide the mailing address: _____

_____

☐ Requestor - Please provide preferred method to receive the check (pickup at a scheduled PTO meeting or school mail sent home with your child – please provide child's name).

_____

**SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS FORM IN ORDER TO RECEIVE A CHECK.**

➢ Reimbursements require a receipt(s). Please tape the receipt(s) to an 8 ½ by 11 sheet of white paper.
➢ Check requests require a signed contract or invoice.
➢ Please contact the Treasurer to discuss approval for use of any other type of supporting documentation.
➢ Completed forms can be submitted at a PTO meeting or sent to school with your child. If sent to school, please label the envelope **PTO – Treasurer.**
➢ All supplies including forms, white paper for receipts, tape, and envelopes will be available at all PTO meetings.

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**This section to be completed by the Treasurer:**

Account _____ Check # _____ Dated _____ Logged _____

Approved By _____ (Treasurer) Date _____

Reviewed By _____ (President) Date _____

Reviewed By _____ (2nd Reviewer, if applicable) Date _____