

**NORTH SHORE MIDDLE SCHOOL PTSO  
REIMBURSEMENT / CHECK REQUEST FORM**

Please indicate with a ' ' :  Reimbursement  Check request

Your Name (Requester): \_\_\_\_\_

Make check out to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

*(Please note that reimbursement checks will be mailed to the address noted)*

**Purpose of reimbursement or check request:**

Item	Purpose of expenditure	Amount

**Receipts totalling the amount of reimbursement or invoice/estimate/email for check request must be attached.**

**Total amount:** \_\_\_\_\_

**Approval for reimbursement/check request:**

\_\_\_\_\_  
*Treasurer signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*PTSO President signature* \_\_\_\_\_  
*Date*

<p><b>For Treasurer's use only:</b></p> <p>Date paid: _____</p> <p>Check Number: _____</p> <p>Category: _____</p> <p>_____ Included in annual budget</p> <p>_____ Approved at PTSO meeting dated _____</p>
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