

For Treasurer's Use Only

Check # _____

Check Dated _____

RIVERSIDE BROOKFIELD HIGH SCHOOL PTO Check/Reimbursement Request

Date: _____

Your Name: _____

Phone Number: _____

Amount \$ _____

Category/Event: _____

Make Check Payable To: _____

Address of Payee: _____
(If check is to be mailed)

Please check one:

_____ Included in Annual Budget

_____ Approved at Meeting (Date: / /)

_____ Approved by _____

Supporting documentation must be attached (such as original invoice and/or receipts.) Remember, we do not pay sales tax.

Submit to RB PTO Treasurer
Paula Fritsch