OAK STREET SCHOOL PTO
REIMBURSEMENT & CHECK REQUEST FORM

Please complete the form below and send it with all invoices/receipts attached to the Treasurer for payment. Requests can be sent through your child's backpack in an envelope addressed to the "PTO Treasurer" or to her home address:

Tina Mattiola, 34 Decker Street, Basking Ridge, NJ 07920.

Request for reimbursement: The request must be **made within two weeks of your event** and should fall within the approved budget for your event. Copies of all itemized receipts must be attached, as per our accountant's guidelines.
Request for check as payment to a vendor: If a check is needed as an advance payment, please make the request no **less than 1 week prior to the payment due date** and include a copy of the invoice.
Notes: ***This form must be signed and itemized receipts/invoices must be provided in order for your reimbursement request to be processed.*** Tax exempt forms may be found in the school office and should be provided to merchants, especially for large expenses. Thank you for your work on behalf of the OSS PTO.
Questions, please email Tina Mattiola at temattiola@yahoo.com.

DATE: **PTO COMMITTEE:**

I hereby request payment/reimbursement for the following expenditures made by me or my committee.

DETAILED DESCRIPTION OF ALL ITEMS PURCHASED	**AMOUNT**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL _____

MAKE CHECK PAYABLE AND SEND TO (INCLUDE STREET ADDRESS OR YOUR CHILD'S NAME/TEACHER TO SEND VIA BACKPACK):

_____

_____

SIGNATURE: _____

(Please do not write below this line)

APPROVED: _____
CHARGE TO: _____
DATE PAID: _____ CHECK #: _____
SIGNATURE OF TREASURER: _____