

**2016 - 2017 HMS PTO**  
**Check Request/Reimbursement Form**

To receive a check for purchase, payment, or reimbursement please complete this form, attach all receipts, and place in the PTO mailbox to the attention of **"Jocelyn Antenucci, PTO Treasurer"**.

*\*\*For bookkeeping purposes, please submit all reimbursement requests and receipts no later than June 30, 2017.*

Funds requested by:

Date:

Grade / Team / Department / Committee:

Description of purchase:

Check needed for:       Purchase / Payment

Reimbursement

Is this for an approved Educational Support Fund grant request?     yes     no

=====

Check should be made payable to " \_\_\_\_\_ "

Amount of check: \_\_\_\_\_      Date check is needed: \_\_\_\_\_

Where check should be returned: \_\_\_\_\_

***If you have any questions, please contact:***

<b>Jocelyn Antenucci</b>	<b>(412) 651-2519</b>	<b><a href="mailto:jantenucci@verizon.net">jantenucci@verizon.net</a></b>	<b>(PTO Treasurer)</b>
<b>Diane Stagers</b>	<b>(412) 721-9355</b>	<b><a href="mailto:dmstagers33@gmail.com">dmstagers33@gmail.com</a></b>	<b>(2<sup>nd</sup> Vice-President)</b>
<b>Pam Andersson</b>	<b>(724) 443-7353</b>	<b><a href="mailto:pam.andersson@yahoo.com">pam.andersson@yahoo.com</a></b>	<b>(President)</b>

*For PTO Treasurer Use Only:*

**Date Check Written:** \_\_\_\_\_    **Check #:** \_\_\_\_\_    **Amount:** \_\_\_\_\_    **Grant #:** \_\_\_\_\_