

EDGAR ALLAN POE PARENT TEACHER ORGANIZATION
REQUEST FOR PAYMENT/REIMBURSEMENT
2017 - 2018

COMPLETED BY REQUESTOR:

DATE: _____

REQUESTED BY: _____ PHONE #: _____

AMOUNT: _____

CHECK PAYABLE TO: _____

EVENT: _____

CHECK DELIVERY METHOD (CIRCLE ONE):

- **PICK UP AT PTO BOX IN SCHOOL OFFICE**
- OR**
- **PICK UP AT TREASURER'S HOME**
- OR**
- **TREASURER TO MAIL TO PAYEE (APPLIES TO OUTSIDE VENDORS ONLY)**

COMPLETED BY PRESIDENT/CO-PRESIDENT:

APPROVED BY: _____ DATE APPROVED: _____

COMPLETED BY TREASURER:

CHECK #: _____ DATE PAID: _____

