



ARROWHEAD PTO  
REIMBURSEMENT/ CHECK REQUEST

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Check to be:

\_\_\_\_\_ Mailed – Name & Address: \_\_\_\_\_

\_\_\_\_\_ Picked up at school in my PTO Mailbox

\_\_\_\_\_ Sent home w/ my child: Childs name and Teacher \_\_\_\_\_

\_\_\_\_\_ Other – Please Specify: \_\_\_\_\_

**Note: Forms must be completed and accompanied by receipts or quote in order for check to be issued. PTO expenses are exempt from sales tax and they will not be reimbursed or paid. Tax Exempt forms are available in the copy room behind the library under the PTO mailboxes. We will only reimburse regular shipping charges. We will not reimburse for express mail or overnight due to a volunteer waiting to long to send or receive the items they need.**

Official Use:

Date Check Cut: \_\_\_\_\_ Acct. Paid From: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_