



FRIENDS OF  
**JAX BEACH ELEMENTARY**  
PARENT TEACHER ORGANIZATION

### Reimbursement / Check Request Form

Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purchase / Expense Information		
PTO Committee/Budget Area	Activity/ Reason/ Description	Amount
<b>Total:</b>		

**All documentation including receipts or invoices MUST be included with this form in order to process a reimbursement or issue a check.**

Signature of person requesting the reimbursement or check (PTO Officer or Committee Chair):

\_\_\_\_\_

How do you wish to receive the check?

Through my child: Name of child: \_\_\_\_\_

Teacher: \_\_\_\_\_

In my PTO Mailbox

US Mail to the following address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Treasurer's Use Only

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_