



— 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
Total:		

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/PTO Officer/Committee Chair requesting the reimbursement or check:

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: _____