Check / Reimbursement Request Fox River Grove PTO

The receipt(s), bill, quote, or statement for the expenditure MUST be attached or a check will NOT be issued.

Date Submitted:				
Your Name:			Phone:	
Email:			-	
Check Payable to:				
Amount: \$		Project / Committee:		
Description of expend	iture:			
Have you attached the receipt(s), bill, quote, or statement?				
Is this request within the annual budgeted amount for the expenditure? Yes No				
How should the check	be delivered?			
Mail to:				
	Include FULL mailing address			
Back Pack Mail				
	Child's Name	Tea	ncher	Grade
 For Treasurer's Use O				
	•			
Category:		Check # Da	ate:	Mailed: