

Union Day PTO
Check/Reimbursement Request

Date: _____

Your name: _____

Phone/Email: _____

Check Amount: _____

Payable to: _____

Check mailing address OR check dropped off at school (give location)

Committee: _____

Special Instructions: _____

For Reimbursements, receipt(s) totaling the amount of reimbursement must be attached.

For Treasurer's Use Only

Committee _____ Check # _____ Dated _____

PTO Treasurer
Samantha Stokes
(801) 360-3250/samanthastokes06@gmail.com

Place in PTO Treasurer box in the office along with your receipt(s)