

Madison High School PTSO Request for Funds/Reimbursement

Date _____ PTO Activity _____

To Treasurer or President:

Application is made herewith for \$ _____ which
has been () or will be () expended as follows:

ITEM(s)	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

RECEIPTS, BILL or INVOICE MUST BE ATTACHED!

Make checks payable to: _____
(include name and address) _____

Request made by:
Name: _____
Telephone: _____

(Signature of Requestor)

***Checks will be mailed.
Contact information
(name, address and
phone number) must be
provided.***

.....For PTSO Treasurer/President Use Only.....

PTSO President Approval: _____
Date Paid: _____
Check Number: _____
Budget Acct Charged: _____