



# Carnegie Vanguard High School PTO

## Reimbursement Form/Check Request

Name:		Grant Request attached	
Email (for contact purposes):			
Project Description/Event Name:			
Date Submitted:	Date needed: <small>(If not reimbursement)</small>	Amount requested:	Amount Granted: <small>(To be filled in by PTO)</small>
Reason for Reimbursement/Check:			
PTO Discretionary Allocation		Club Support	Special Project
<b>Cash:</b>	Cash received by: <small>(Print Name)</small>	Signature:	Date:
<b>Check:</b> Made payable to: Name above Other: _____			
Address of payee: Send to CVHS Mail to address below			
Address to mail:			
City, State, Zip code:			

**Please attach all invoices/receipts.**

**Approvals:**

PTO Officer Name (Please Print) / Signature	Date
PTO Officer Name (Please Print) / Signature	Date

**For Treasurer's Use Only**

Committee or Fund: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_