



# Carnegie Vanguard High School PTO

## Reimbursement Form / Check Request

<b>Name:</b>			Grant Request Attached
<b>Email (for contact purposes):</b>			
<b>Date Submitted</b>	<b>Date Needed</b>	<b>Amount Requested</b>	<b>Amount Granted</b> <small>(to be filled in by PTO)</small>
<b>Reason for Reimbursement/Check Request:</b>			
_____ Food Sales	_____ Food Drive	_____ Teacher Supplies	_____ Teacher Appreciation
_____ Others: _____			
<b>Reason for Reimbursement/Check Request:</b>			
<b>Payment:</b>			
Check made payable to: _____			
<b>Payment to be sent:</b> _____ Send to CVHS      _____ Mail to address below			
Address to mail:			
City, State, Zip Code:			

**Please send completed form and all supporting receipts/invoices to [treasurer@cvhspto.org](mailto:treasurer@cvhspto.org)**  
(Invoices/Receipts Total must equal Amount Requested)

<b>Approvals:</b>	
PTO Officer Name (Please Print) / Signature	Date:
PTO Officer Name (Please Print) / Signature	Date:

For Treasurer's Use Only:

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