

Burke High School PTO

Parent/Teacher Organization



PAYMENT/REIMBURSEMENT REQUEST FORM

TREASURER: Michelle Krapfl

402.203.9811 or michellekrapfl@gmail.com

Use this form when requesting payment or reimbursement. Please put the completed form with receipts/invoices attached in the PTO mailbox at Burke High School. If you have not received payment/reimbursement within two (2) weeks of submission, please contact Michelle Krapfl.

Today's Date: _____

Name of Person Requesting Payment/Reimbursement: _____

Phone: _____ E-mail: _____

Event Associated With Payment/Reimbursement: _____

Amount Requested: _____

Write Check to Name/Company: _____

If you want us to mail your check, please provide a mailing address:

Any Additional Comments: _____

_____ Invoice to be paid attached _____ Receipt attached

Signatures:

Requestor

Burke PTO President or
Secretary

Burke PTO Treasurer

Office Use Only:

Date Received: _____ Check No. _____

Date Paid: _____

WE ARE BURKE!

Burke High School PTO

Parent/Teacher Organization



Date Delivered: _____ Delivered To: _____