

Pocopson Elementary School PTO  
1105 Pocopson Road  
West Chester, PA 19382

**Chairperson Reimbursement/Check Request**

Date: \_\_\_\_\_

Check is payable to: \_\_\_\_\_

Address to mail the check: \_\_\_\_\_

(Backpack express will not be used for checks)

Due Date - if payable to a Company: \_\_\_\_\_

Name of person requesting the check: \_\_\_\_\_

Phone number of requester: \_\_\_\_\_

Grade/Teacher/Name of requester's child: \_\_\_\_\_

Please fill in the Committee Name and reason for reimbursement:

\_\_\_\_\_  
\_\_\_\_\_

**Please itemize expenses, total and staple your receipts to the back of the form.**  
**This form is required for reimbursement.**

<u>Date Purchased</u>	<u>Amount</u>
<b>Total</b>	

**Please submit this form to the  
PTO Treasurer's folder in the Main Office**

**All requests must be submitted by the last day of school.**