

SAPTO Check Request for Expense Reimbursement



Event Description	Event Date
Chairperson/Parent Name	Request Date
Student Name	Grade-Class
Phone Number	Email Address

Amount Requested	\$ _____
Description of Expense	

Documentation to verify the amount(s) of the expense	Yes _____ No _____
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Note: Other documentation can include copy of cancelled check, credit card statement, store ad, restaurant menu, emails, etc.) If other documentation is available, attach a copy to this form.

► Signature

Name of Requestor (please print)	Signature	Date
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X

SAPTO Chair Approval

Name	Signature	Date
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X

FOR TREASURER USE ONLY

Date of Check	Check Number	Amount
		\$