

**St. Andrew the Apostle Catholic School
6720-B Union Mill Road, Clifton, Virginia 20124
Phone: (703) 817-1774**

PTO CHECK REQUEST / REIMBURSEMENT FORM

PTO EVENT: _____

Item Purchased	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Amount	_____

Requestor Name: _____ **Phone No.** _____
(Please Print)

E-Mail Address: _____ **Date:** _____

Check Payable to: _____

Mailing Instructions: _____

PLEASE NOTE: Original receipt(s) must be attached for reimbursement requests.

PTO Treasurer Approval: _____ **Date** _____

Account Code: _____

Check Number: _____ **Date** _____