

Lakemont Elementary PTO

Check Reimbursement Request

Date: _____

Submitted By:

Committee:

Amount: _____

Make Check Payable to: _____

Address: _____

_____ (Leave address blank if you would like to make arrangements for pick-up. Write student and teacher's names if you would like the check to be put in your child's teacher's mailbox. Otherwise, it will be mailed.)

Event / Budget Category: _____

Reason / Description: _____

*Attach all receipts or invoices to this form, and submit within 30 days of invoice date. Please direct any questions to Melissa Vaughan:
lakemontptotreasurer@gmail.com or (407) 314-5387*

Treasurer's Use Only

Budget Category: _____

Date Paid: _____ Check #: _____

Registered: _____