



Ellington Center School PTO

REIMBURSEMENT REQUEST FORM

Date _____ Amount _____

Requested by: _____

Payable to: _____

Reason / Activity:

____ Please mail check to: _____
Address: _____

____ Please send the check home with my child:
Child's Name _____
Teacher's Name _____

____ Please leave in Center School Office:
Box Name _____

____ Other instructions for check delivery:

Treasurer Use:

Check # _____
Date _____

Approved _____
Issue Check: Y N