Dewey Fundamental Elementary School

Parent Faculty Organization

2024-2025

Check Reimbursement/Payment Form

Request Date:

Name:

Email:

Check payable to:

Address (if mailing preferred):

Check Request Amount: $

Purchase Description:

Event / Reason:

Signature of check payee:

Chairperson signature:

Notes:

Please follow these steps:

1. *Be sure to attach receipts and/or invoice(s) to this form.*
2. *Receipts and invoices must be clean and have no other comingled purchases.*
3. *No check will be written without receipts or invoices attached to this signed form.*
4. *Reimbursable purchases must be authorized by the event chairperson or committee lead.*
5. *The check will be in the front office Monday or mailed as directed.*

Thank you,

If you have any questions, please email
pfoharrydewey@gmail.com

PFO USE ONLY: Check # _____ Date Issued: _____