



St. Columban PTO

Parent Check Request Form

Requestor Name	Date
Payee (if different than Requestor)	\$ Total Receipts

Description/Purpose
Room # and Teacher Name (Room Parents Only)

Select how you would like to receive your reimbursement:

- ☐ Return to me via student:

Child's Name _____

Teacher/Room _____

- ☐ I will pick up check in the school office. Call me at _____ when ready.

- ☐ Mail to the address below:

Attach all receipts to this form and send to the school office, **Attn: PTO Treasurer.**

Please contact pto@saintcolumbanschool.org with any questions.

PTO Board Approval: _____