

HINSDALE MIDDLE SCHOOL PTO
Check / Expense Reimbursement Request 2016-17

100 South Garfield
Hinsdale, IL 60521

CHECK INFORMATION: *(Please attach all receipts, contracts, back-up)*

TODAY'S DATE: _____

DATE NEEDED BY: _____

REQUESTED BY: _____

Indicate: CHECK TO BE PICKED UP IN OFFICE (Location: _____ i.e. mailbox, secretary, etc.)

OR CHECK TO BE MAILED TO ADDRESS BELOW

AMOUNT: \$ _____

MAKE CHECK PAYABLE TO: _____

Name

Street

City, State, Zip

BUDGET INFORMATION:

Budget Category/PTO Committee: _____

OR HMS Faculty Team: (circle one) 6 7 8 Encore Student Support

Expense Description:

FOR FACULTY ONLY:

Reviewed and endorsed by team leader: _____

Approved by: Principal _____ or Asst Principal _____

QUESTIONS: Sharon Theoharous, Treasurer 630-655-4163; Holly Lopez, Asst. Treasurer 630-468-2451

FOR PTO USE: CHECK NO. _____ DATE OF ISSUE: _____ INITIALS: _____