

**Island Avenue School  
Parent Teacher Organization  
20 Island Avenue  
Madison, CT 06443**

Expense Reimbursement & Check Request Form

Committee Name: \_\_\_\_\_

<u>Date</u>	<u>Detailed Description of Expense</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total amount to be reimbursed \$		_____

Check payable to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

**For expense reimbursement:** Complete this form, attach receipts and submit to PTO Treasurer.  
*\*All expenses need to be submitted within 30 days after event.*

**For a check request:** Complete this form, attach invoice to be paid and submit to PTO Treasurer.  
*\*All check requests need to be submitted 2 weeks before event.*

**Questions?** Please contact Kristen Bartosic 318-0855 or [kbartosic@att.net](mailto:kbartosic@att.net)

Approved by Treasurer  
Date Paid: \_\_\_ / \_\_\_ / \_\_\_  
Check No. \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
  
Budget Category \_\_\_\_\_