

**OWEGO ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION**

**Request for Payment/Reimbursement:**

Please complete and return request to the red Treasurer folder in the PTO mailbox.

***Receipts or other proof of payment are required for reimbursement.***

Request for:       Direct Payment       Reimbursement

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Email: \_\_\_\_\_

PTO Contact Person: \_\_\_\_\_

Grade/Expense Type: \_\_\_\_\_

Event Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Payable To: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Return Check To:     OES       Mail to: \_\_\_\_\_  
\_\_\_\_\_

**FOR PTO USE ONLY:**

**Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Initials: \_\_\_\_\_**