



# DCES PTO CHECK REIMBURSEMENT FORM OVER \$500

**\*\*THIS FORM REQUIRES TWO SIGNATURES OF AUTHORIZATION\*\***

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date Due: \_\_\_\_\_

Name of person who used the PTO debit card : \_\_\_\_\_

Phone #/Email: \_\_\_\_\_

Total Amount Spent: \_\_\_\_\_

Event/Reason:	Description: (i.e. supplies for a class, prizes for booth, t-shirts, printing, art supplies, etc)	Amount:
<b>Total</b>		

**Please attach all receipts and invoices.**

**Return to PTO Mailbox to attention: Derek Wong (608) 302-4053 [treasurer@dcespto.org](mailto:treasurer@dcespto.org)**

PTO Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PTO President signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Or Acting President)

*For office use only:* Approved/Not Approved Check# \_\_\_\_\_ Amount \$: \_\_\_\_\_ Date: \_\_\_\_\_  
DCES PTO Check Request Form (Rev. 7/1/2018)