

Office Use Only:

Date Request Received: _____ Check No. _____

Date Paid: _____

Date Check Delivered: _____ Check Delivered To: _____

PAYMENT/REIMBURSEMENT REQUEST FORM

BUFFETT PTO

TREASURER: Karen Warner 402-212-6433

warnermk@cox.net

Please use this form when requesting payment. Write your name on the receipt/invoice as well as the event associated with the receipt/invoice and attach to this form. If you have not received payment within a week of submission, please contact the treasurer.

Today's Date: _____

Name of Person Requesting Payment: _____

Phone: _____

E-mail: _____

Event Associated With Payment: _____

Amount Requested: _____

Write Check to Name/Company: _____

If you want us to mail your check, please provide a mailing address:

Any Additional Comments: _____

____ Invoice to be paid attached ____ Receipt attached

Requestor's Signature _____

President's Signature _____

Treasurer's Signature _____