



HINSDALE CENTRAL HIGH SCHOOL PTO

Check / Expense Reimbursement Request

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

TODAY'S DATE: _____

DATE NEEDED BY: _____

REQUESTED BY: _____

Indicate: CHECK TO BE PICKED UP CHECK TO BE MAILED TO ADDRESS BELOW

MAKE CHECK PAYABLE TO: _____
Name

DELIVER/MAIL CHECK TO: _____
Name

Street

City, State, Zip

AMOUNT: \$ _____

BUDGET INFORMATION:

Name of Event: _____

Expense Description: _____

Budget Category/PTO Committee: _____

QUESTIONS: Laurie McMahon 655-4895 OR LKMcMahon@comcast.net
Send request to 311 E Sixth St, Hinsdale 60521

TREASURER ACTION: CHECK NO. _____ DATE OF ISSUE: _____
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