



## Geneva Middle School North Check Reimbursement Request (for Parent Volunteers)

Requested by \_\_\_\_\_ Date of Request \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Item(s) purchased	_____	Amount \$ _____
	_____	Amount \$ _____
	_____	Amount \$ _____
	_____	Amount \$ _____
	_____	Amount \$ _____

Total amount of check to be reimbursed \$ \_\_\_\_\_

Budget Account or Committee this should be charged to \_\_\_\_\_

Make check payable to \_\_\_\_\_

For GMSN parent volunteers; the check will be mailed to you. Please provide the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Please return this form **ALONG WITH THE RECEIPTS/INVOICE ATTACHED** to the Treasurer's folder in the copy room in the school office. Thank you!

Treasurer Contact Information for the current school year can be found on the school website – PTO section.