

Cicero Parent Service Organization

Check Request and Reimbursement Form

2014 - 2015



Request for (please check one):

- Reimbursement check for expenses incurred
 Check for third party – Check needed by: _____

Make check payable to: _____

Total amount requested: \$ _____

Committee/Event to be charged: _____

Description/Reason for reimbursement:

Check requested by: _____

Email: _____ Contact Number: _____

Chairperson/Lead Approval: _____

How do you want the check to be delivered? (Preferred delivery method)

- Mail to the following address: _____
 Email me when check is available for pick up – email if different than above _____
 Other _____

Date of Request: _____ Signature: _____

Instructions:

1. Complete the check request form in full and remember to sign and date the request.
2. Attach all receipts, a copy of the invoice, or a copy of the contract to the check request. If a bill needs to be paid, please attach the bill and the Treasurer will deliver it according to preferred delivery method noted above.
3. Submit all purchases. If you choose to make your purchases a donation, please submit a check request and note \$0 in the amount requested. This way we have an accurate accounting of our expenses for the year.
4. Place the completed form in PSO mailbox in the office or email to Treasurer@ciceropso.org.
5. The Treasurer will submit the completed form for approval signatures, and deliver by preferred method noted above.
6. Completed form requests must be submitted within 30 days of the event with the attached documentation. Incomplete forms or forms without documentation will be returned for completion. You will receive an email or phone call when your check is ready for pick up or when it has been mailed.
7. If you have any questions please feel free to email Kiera Allen at Treasurer@ciceropso.org.

For Treasurer Use Only:

Date Received: _____ Date Paid: _____ Check Number: _____
Amount: _____ G/L Account: _____ Comments: _____