

BPTO CHECK REQUEST FORM

(Formerly: BPTO Reimbursement Request & Donated Expenses)

Fill in your school name here.

Your name: _____ Today's date: _____

Check payable to: _____ Date of expense: _____

Reason for the expense: _____

Contact phone number(s): _____

Comments/Instructions: _____

Total amount of expense: \$ _____

Less amount to be donated: \$ (_____)

Total amount of expense: \$

Please attach your receipts(s).

If you would like your reimbursement check delivered in your child's Tuesday folder please provide:

Child's name: _____ and Teacher/Grade: _____

Approved by (PTO Officer): _____ Date: _____

Approved by (PTO Officer): _____ Date: _____

Paid By (Treasurer): _____ Date: _____ Check #: _____

RECEIPT FOR DONATION

BPTO, Bentonville School District Tax ID # 71-0853186

Donor Name: _____ Event/Category: _____

Amount: _____ PTO Officer: _____

Date: _____