

2019-2020 Ascension PSO Check Request/Reimbursement Form

Please attach all receipts to this form and return to your PSO group's Treasurer or President for approval.

Please Circle Group: **BOOSTER CLUB** **FINE ARTS ALLIANCE** **PTO**

YOUR NAME: _____ DATE: _____

EVENT: _____

CHECK REQUEST TO 3RD PARTY PERSONAL REIMBURSEMENT
 MAIL TO VOLUNTEER MAIL TO RECIPIENT HOLD IN BUSINESS OFFICE

Make Check Payable To: _____

Address of Check Recipient: _____

PSO Treasurer/President Approval: _____

Description of Request (please be specific)	Budget Category (internal use only)	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT		\$

Questions can be directed to the Ascension Business Office at 337-233-9748.
Please note all checks are processed on the 10th, 20th and 30th of each month.

BUSINESS OFFICE ONLY Date Processed: _____

NOTES: _____