

## 2018-2019 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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL AMOUNT</b>		\$

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: \_\_\_\_\_