

9716 NE 134th St, Vancouver, WA 98662 • www.Glenwoodcubbiespto.com • Glenwoodcubbies@gmail.com

Please Complete and attach all receipts and invoices **Allow up to 30 days to Process**

PTO board members and Treasurer will review your request at our monthly board meeting. Upon approval, checks will be issued and mailed.

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|-----------------------------|------------------------|-------------|--|
| Date of Request: | | | |
| Name: (Pay to the Order of |): | | |
| Email: | ail:Phone: | | |
| Mailing Address: | | | |
| Event or Activity Name/ Des | scription of purchase: | | |
| | | | |
| | | | |
| | | | |
| Date of Purchase | Description | Amount Paid | |
| | | | |
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| | | | |
| Total Amount Requested:_ | | | |
| For Treasurer: Check # | Issue Date | 2: | |