



Cabot School PTO

229 Cabot Street, Newtonville, MA 02460

www.cabotpto.org

Check/Reimbursement Request

Form completed by _____

Email address/phone number _____

Date form completed _____

Make check payable to _____

Committee (if applicable) _____

Amount (attach receipt for reimbursement) _____

Purpose _____

When needed (if requesting check) _____

Where to send check _____
(please attach addressed, stamped envelope) _____

PTO Co-President signature _____

Questions? Email cabotpto.treasurer@gmail.com