ACA PTO Check Request	
Person Making Request:	
Date requested:	
Amount of Check:	
Payee:	
Mail to:	
Email Address & Phone#:	
Hand Deliver to:	
Reason for Reimbursement: (Ple	ase state the event,project or specific area and amount to charge to)
PLEASE AFFIX RECEIPT TO BACK OF FORM	
Signature	
FOR TREASURER USE ONLY	
Date Received:	
Date Check Issued:	
Posted to which event	
Signature	Date

^{***}Reimbursements will not be issued without this form included. The form and receipts may be scanned and sent via email to acaptofunds@aucilla.org***