

## **DIRECTIONS:**

- 1. Completely fill out the information below.
- 2. Attach bill, invoice or receipt by stapling. An original or copy is acceptable.
- 3. Copy any of these materials needed for your records. The treasurer will keep all documents attached here.
- 4. Place this request with all attachments in the folder labeled Treasurer in the PTO box in the school office.
- 5. Please allow 7- 14 days to process.

If you have any questions, please contact (treasurer's name) at (email or ###-####).

. JON INFO	ORMATION:			
Name;Phone:			Date:email:	
Make chec	ck payable to:			
Amount:			Date Needed:	
List receip	ts separately below:			
Date	Brief Description Of Receipt	Amount	Funds Used For	PTO Use Only: Budget Category
□ la □ la □ la	of the following that applies to the requesting a reimbursement for m requesting payment for the att m requesting "start-up" funds for ther:	r funds already spo ached bill. a specific project.		
PTO USE O	DNLY:			
President /	Approval:		_	
Budget Cat	tegory:			_
Check #:			Date written:	