

Request for Funds/Reimbursement



Date Requested : _____

Request Made By: _____

*Amount Requested: _____

PTO Activity/Event: _____

Description of Expense/Additional Information:

Make Check Payable to: _____
(include name and address)

Signature of Requestor: _____

*** Receipt, Bill, or Invoice must be attached.**

For PTO Use Only:

PTO Approval**: _____ (President/President-Elect/Treasurer/Secretary)

**Approval signature and check signature may not be the same person.

Date Paid: _____ Check #: _____ Budget Category: _____ Ledger #: _____