



## Request for PTO Payment/Reimbursement

**PAY TO THE ORDER OF:** \_\_\_\_\_

Amount to be Paid: \_\_\_\_\_

Budget Amount Remaining: \_\_\_\_\_

Account to be Charged: \_\_\_\_\_  
E.g. Teacher instructional materials, Carnival, Field Day

Principal Approval (Faculty/Staff only): \_\_\_\_\_

# Request for PTO Payment/Reimbursement

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To: Mary Margaret Burrows, Treasurer /Callen Martin, Assistant Treasurer  
(mmscarbrough@gmail.com & [callencmartin@gmail.com](mailto:callencmartin@gmail.com))

From: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Re: Request for Payment

Please pay the attached Invoices / Receipts as follows:

**PAY TO THE ORDER OF:** \_\_\_\_\_

Amount to be Paid: \_\_\_\_\_

If total amount to be reimbursed is made up of several receipts/expenses, please show the addition of individual amounts making up the sum to be reimbursed on the following page. Please also adjust for tax as appropriate if our tax exempt form is not used/ document why sales tax should be reimbursed (see PTO Reimbursement Policy for preferred vendors that honor our tax exempt status).

Account to be Charged: \_\_\_\_\_

E.g. Teacher instructional materials, Carnival, Field Day

Approved by: \_\_\_\_\_

Signature here means that signer acknowledges that supplies have been received and are in good condition or that services have been received and were acceptable.

Address: (add only if you wish check to be mailed)

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PTO TREASURER APPROVAL:** \_\_\_\_\_

(For PTO Treasurer Use Only) - Date Paid & Check # \_\_\_\_\_

**Summary of Receipts to be Reimbursed**

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**VENDOR**

**PRE-TAX AMOUNT**


**TOTAL:** \_\_\_\_\_