PTO REIMBURSEMENT FORM

Cash, check, or reimbursement requests for school administrators, board members, and committee chairs only. All expenses subject to approval. No sales tax will be approved or reimbursed. All vendor direct payments require an invoice and W9. A Certificate of Insurance is required for all on-site vendors.

See policies for full details regarding financial transactions and approvals. www.FCAFriscoPTO.org

EVENT DATE: _____ **DATE SUBMITTED:** _____

NAME/TITLE (PLUS TEACHER NAME K-5):

_____

PURPOSE OF EXPENSE:

_____

TOTAL AMOUNT: _____ **IS THIS AMOUNT A DONATION?** Y N

PHONE NUMBER: _____

ITEMIZED EXPENSES *(One row per receipt)*

Store	Description	Amount

Original receipts and invoices must be provided to the PTO treasurer before approval of funds. For cash advance requests, itemized receipts for all expenditures must be provided and excess cash will be returned to the PTO within 14 days of final purchase.

SIGNATURE: _____

PTO TREASURER USE ONLY

REGISTER	*GRADE*	*PAID/CHECK #*	*DONATION: Y/N*	*CONTACT*