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 TE	ACHER NAME	K-5):				
PURPOSE OF EXPENSE	::					
TOTAL AMOUNT:		IS THIS AN	MOUNT A DONATI	ON? Y N		
PHONE NUMBER:					-	
ITEMIZED EXPENSES (One row per receipt)						
Store		Description			Amount	
Original receipts and in advance requests, iten the PTO within 14 days	nized receipts f	or all expenditures i		• •		
SIGNATURE:						
PTO TREASURER USE ONLY						
REGISTER	GRADE	PAID/CHECK#	DONATION: Y/N	CONTACT		