.0.Reimbursement code: _____ (Official Use Only)

West Vine Street School PTO, Inc. - Request for Funding/Reimbursement

Date of Request: _____/_____/_____ Requestor's Name: _____

Grade/Subject (if applicable): _____

☐ Reimbursement request * ☐ Funding Request **

Check Payable To: _____

Send Check To: _____

Check Requested By: _____/_____/_____ Amount of Request: $_____

Purpose for Funds:

_____

_____

_____

If approved, please list any additional instructions for the PTO here:

_____

_____

_____

DO NOT WRITE BELOW THIS LINE FOR PTO OFFICERS ONLY

.....

Receipts received: ☐Yes ☐ No ☐ N/A Final Bills/invoices received: ☐ Yes ☐ No ☐ N/A

Funding/Reimbursement Approved: ☐ Yes ☐ No

Additional Notes:

_____

_____

PTO Executive Board Signature: _____ Date: _____/_____/_____

*Receipts are required prior to payment for reimbursement requests.
**Final bills/receipts are required for payment of funding requests.