

.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**

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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.