JT Moore PTO

2025/26 Reimbursement Request Form

Date of request: _____

Make check payable to: _____

Amount: $_____

Please describe the purpose of the expense: _____

_____

_____

_____

To what line item/category should this expense be charged? (i.e. Core instructional support, Principal's discretionary, Grade level teacher expenses, etc.) Teachers - If you are not sure, please ask Dr. Hughes. Parent/volunteers - if you are not sure, please ask the PTO Presidents at jtmoorePTO@gmail.com.

_____

Requestor's signature: _____

Please ensure that Dr. Hughes has signed this form prior to submitting to the PTO.

Principal's signature: _____

Once received, the following signatures are required for approval/pay out.

PTO President(s) signature: _____

Treasurer(s) signature: _____

Prior to submission, the requestor must have Dr. Hughes's signature. Once complete, scan this form along with any receipts to jtmtreasurer4425@gmail.com.

The JTM PTO will cut checks twice a month on/around the 15th and the 30th. If you need a check more urgently, please reach out to the JTM PTO Treasurer at jtmtreasurer4425@gmail.com.