PTSO
Highland Lakes School

Teacher/Volunteer Financial Request Form

Note: Funds can take up to 14 days to be distributed

❏ Receipt Attached   ❏ Invoice Attached   ❏ Estimates Attached

TEACHER FINANCIAL REQUESTS

☐ **Classroom Reimbursement Request:** Teachers can request up to $75 per school year for supplies you have purchased for you classroom.

☐ **Mini Grant Request:** Mini-Grants may be requested for any materials, supplies, or programs that support the student learning environment. Grants may be requested for any amount, and you may request more than one Grant per school year. Mini-Grants may be granted in full or partial amounts depending on funds available. All items purchased become the property of Highland Lakes School, and should be stamped or labeled "Property of Highland Lakes School" **Please provide a quote or weblink to the item(s) you are requesting.**

☐ **Earned Classroom/Club Funds Request**: Request money that PTSO is holding for your classroom, club, or group that you earned while working concessions or other events.

VOLUNTEER FINANCIAL REQUESTS

☐ **Reimbursement Request:** Request reimbursement for supplies you have been approved to purchase for a PTSO sponsored activity/event. Any amount above the budget must be approved PRIOR to purchase. If purchased without preapproval, the purchaser may not be reimbursed.

☐ **Request for Pre-Approval of Funds:** PTSO requires that any person needing to purchase items for a PTSO sponsored event/program fill out a Pre-Approval request for the amount being spent prior to making any purchases. Once the amount is approved, additional charges will be at the expense of the person making the purchases. **If the request is over $100, please attach at least 3 estimates for the items.**

Name: _____ Amount Requested: $ _____

Date Submitted: _____ Classroom/Event/Committee/Program: _____

Item Description:_____

_____

Make check payable to:_____

For PTSO Use Only

Board Member Approval _____ Date Approved _____

Board Member Approval _____ Date Approved _____

Payout (Circle One):   Items purchased   Reimbursement check

Purchased by:_____ Receipt _____ Check #_____ Date_____