



# Teacher/Volunteer Financial Request Form

***Funds are dispersed once a month.*** PTSO will review all financial requests once a month at the Board Meetings. Checks will be distributed within a week after each meeting.

Receipt Attached

Invoice Attached

Estimates Attached

## **TEACHER FINANCIAL REQUESTS**

- Classroom Reimbursement Request:** Teachers can request up to \$50 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 3 estimates or options for item(s) being requested.**
- 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 designated 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: \_\_\_\_\_

Items Purchased or Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make check payable to: \_\_\_\_\_

### **For PTSO Use Only**

Board Member Approval \_\_\_\_\_ Date Approved \_\_\_\_\_

Board Member Approval \_\_\_\_\_ Date Approved \_\_\_\_\_

Check Number/Debit \_\_\_\_\_ Check Date \_\_\_\_\_