

# Sanborn PTO

Supporting our school and staying connected.

## REQUEST FOR PAYMENT

REQUESTOR NAME: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

REQUESTOR EMAIL: \_\_\_\_\_ REQUESTOR PHONE: \_\_\_\_\_

REQUEST TYPE:  Payment to Vendor  Reimbursement

PAYEE NAME: \_\_\_\_\_

PAYEE ADDRESS: \_\_\_\_\_

**Please provide the following information to ensure that the correct PTO budget account is charged.**

EXPENSE TYPE: \_\_\_\_\_  
(For example: Room Parent, Spooky Fun Fair, etc...)

EXPENSE DATE: \_\_\_/\_\_\_/\_\_\_ EXPENSE AMOUNT: \$ \_\_\_\_\_

ADDITIONAL DETAILS: \_\_\_\_\_  
\_\_\_\_\_

Is this a budgeted expense\*?  YES  NO

*\*If not budget, the payment must be reviewed & approved by the PTO Co-Presidents & PTO Treasurer before payment is issued*

REQUESTOR SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

### PLEASE:

1. Attach receipts or copies of receipts to this request.
2. Drop this request in the PTO TREASURER mailbox (to the right of Office counter)
3. Contact the PTO Treasurer @ [sanborntreasurer@gmail.com](mailto:sanborntreasurer@gmail.com) with any questions.

FOR OFFICE USE ONLY

DATE PAID: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

PAYMENT METHOD:  BILL PAY  CHECK CHECK/CONFIRMATION #: \_\_\_\_\_

EXPENSE ACCOUNT: \_\_\_\_\_ LOGGED: