



Supporting our school and staying connected.

REQUEST FOR PAYMENT

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

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 NO, has this been reviewed & approved by the PTO President(s) & PTO Treasurer? \_\_\_\_\_

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

**PLEASE:**

- 1. Attach receipts or copies of receipts to this request. Scanned receipts and emails are best! Feel free to take pics of receipts to cut down on paper files.**
- 2. Drop this request into the PTO mailbox (to the right of Office counter) or email the electronic version to [sanborntreasurer@gmail.com](mailto:sanborntreasurer@gmail.com).**
- 3. Contact Katie Tedesco at [sanborntreasurer@gmail.com](mailto:sanborntreasurer@gmail.com) with any questions.**

DATE PAID: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

PAYMENT METHOD: \_\_\_ Bill Pay \_\_\_ Manual Check

CHECK #: \_\_\_\_\_