



PTO Funds Request/ Reimbursement Form

Date: _____

Requester's Name: _____

Phone Number: _____

Email Address: _____

Mailing Address (only needed if you would like your check mailed):

Amount Requested: _____

Purpose of Funds (i.e. Halloween Party, Teacher Supplies, Classroom Enhancement, etc.): _____

Who should the check be made payable to?:

When is the check needed, if by a specific date?: _____

Other comments:

*******To ensure prompt reimbursement, please
attach/staple receipts to this form*******

For PTO Use:

Check Number: _____ Check Date: _____

How disbursement was made (mailed, PTO mailbox, hand delivered):

Date check was delivered/mailed: _____