

Weller PTO Reimbursement Request

YOUR NAME:		REQUEST DATE:
PTO CATEGORY OR EVENT: <i>(i.e., Teacher Allotment, Carnival, Hospitality)</i>		
PURPOSE OF EXPENSE:		
<input type="checkbox"/> REQUEST REIMBURSEMENT <i>Attach receipt(s)</i>	<input type="checkbox"/> REQUEST PREPAYMENT <i>Attach invoice</i>	<input type="checkbox"/> CASH WITHDRAWAL
AMOUNT:	CONTACT INFO (PHONE OR EMAIL):	
<i>REIMBURSEMENTS WILL BE LEFT IN THE PTO MAILBOX OR YOUR WELLER MAILBOX. PLEASE PROVIDE YOUR ADDRESS IF YOU WOULD LIKE YOUR CHECK MAILED.</i>		
ADDRESS (STREET/CITY/ZIP):		

FOR PTO USE ONLY:

<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	<input type="checkbox"/> APPROVED AT MEETING DATE:	<input type="checkbox"/> OTHER <i>SIGNATURE REQUIRED</i>
APPROVED BY: (IF REQUIRED)		DATE:
ACCOUNT CODE:	CHECK #:	DATE PAID: