

Expense Reimbursement Request

***ATTACH RECEIPTS! CHECK WILL NOT BE WRITTEN WITHOUT ONE!**

Forest Dale Elementary PTO

****USE THIS PART OF FORM IF YOU WOULD LIKE DIRECT REIMBURSEMENT****

YOUR NAME/PAYABLE TO:		EMAIL:	PHONE:
STUDENT'S NAME:	GRADE:	TEACHER:	COMMITTEE/ACCOUNT:
DATE SUBMITTED:		REIMBURSABLE AMOUNT: \$	
DESCRIPTION OF EXPENSE:			
The check will be sent home in student backpack unless requested differently here:			
<i>PRINCIPAL'S SIGNATURE</i> if Curriculum Enhancement:			
This portion to be completed by Treasurer			
Date: _____ Check # _____ Amount \$ _____ Account: _____			

Vendor Check Request

***ATTACH INVOICE! CHECK WILL NOT BE WRITTEN WITHOUT ONE!**

Forest Dale Elementary PTO

****USE THIS PART OF FORM IF YOU WOULD LIKE AN INVOICE PAID DIRECTLY TO VENDOR****

YOUR NAME:		EMAIL:	PHONE:
STUDENT'S NAME:	GRADE:	TEACHER:	COMMITTEE/ACCOUNT:
DATE SUBMITTED:	INVOICE DUE DATE:	AMOUNT OF INVOICE: \$	
DESCRIPTION OF EXPENSE:			
VENDOR NAME (Payable to):			
CHECK SHOULD BE: MAILED OR LEFT IN MY MAILBOX OR OTHER (Circle One)			
<i>PRINCIPAL'S SIGNATURE</i> if Curriculum Enhancement:			
This portion to be completed by Treasurer			
Date: _____ Check # _____ Amount \$ _____ Account: _____			