

Pleasant Valley Elementary PTO

Funding Request and Reimbursement Form



Please fill in the appropriate section. For funding requests, please provide specific materials/brands, amount of items, and estimated prices if available. For reimbursements, please attach all original receipts or invoices to this form. Submit your completed form to the PTO via the PTO mailbox in the main office. Please allow up to 7 calendar days for your form to be reviewed. Thank you!

Date: _____



FUNDING REQUEST

Name of requesting person or group: _____

Phone #: _____ Email: _____

Description of request: _____

Estimated cost: _____

To be purchased by the PTO directly To be purchased by requestor and later reimbursed



REIMBURSEMENT

Reimbursement requested by: _____

Phone #: _____ Email: _____

Reason for reimbursement: _____

Check should be made payable to: _____

Total amount of reimbursement: _____

Check delivery (circle one): Staff mailbox US mail

Address (if mailing) : _____

FOR PTO USE circle one: Included in annual budget Approved at meeting

Treasurer approval and date: _____

Officer approval and date: _____

Check #: _____ Amount: _____ Date: _____ Category: _____