



NOTE: All Fields Below Must Be Completed *In Full* Before Request Will Be Processed
THIS FORM MUST BE SUBMITTED BY EMAIL TO: acftso1@gmail.com & susan.childs@richlandone.org

1. Date of Request: _____
2. Type of Request: Reimbursement *(by mail only / allow 3 weeks)* Funding *(requires 3-week notice)*
3. Amount Requested: _____
4. Attachments: Receipt *(required for reimbursement)* Invoice *(required for funding)*
5. Payee Information:
 - Name _____
 - Address _____
 - Email _____
 - Phone Number _____
 - Signature _____

APPROVAL

- Under \$250
 - PTSO President *or* Treasurer _____ Date _____
- Over \$250 (both signatures required)
 - PTSO President _____ Date _____
 - PTSO Treasurer _____ Date _____

Date Paid by Treasurer _____ Budget Line Item to be Charged _____