

West Clay Elementary PTO Vendor Payment or Reimbursement Request

Date: _____ Amount of check request: \$ _____ *** DO NOT INCLUDE TAX

Description/purpose of check request: _____

Payable to: _____

Address: _____

City, State and Zip: _____

_____ Mail check to vendor *or* _____ Provide check to submitter

Submitted by: _____ Phone or Email: _____

Staff Expenses for Reimbursement by PTO

<input type="checkbox"/> Staff Discretionary Fund	<input type="checkbox"/> 5th Grade Expenses	<input type="checkbox"/> Academics
<input type="checkbox"/> Professional Development	<input type="checkbox"/> KG Special Events	<input type="checkbox"/> PTO Presents
<input type="checkbox"/> Library Fund	<input type="checkbox"/> Grade Level Events List Grade: _____	<input type="checkbox"/> Field Day
<input type="checkbox"/> Art Fund	<input type="checkbox"/> Nurse	<input type="checkbox"/> Annual Grant Fund
<input type="checkbox"/> Music Fund	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Principal Fund
<input type="checkbox"/> Wellness Fund	<input type="checkbox"/> Technology	<input type="checkbox"/> Field Trips
<input type="checkbox"/> STEM Fund	<input type="checkbox"/> Other: _____	

PTO Expenses (PTO Directors and Volunteers)

<input type="checkbox"/> Room Parties	<input type="checkbox"/> Staff Appreciation	<input type="checkbox"/> Staff Luncheon	<input type="checkbox"/> 5th Grade Expenses
<input type="checkbox"/> Family Events	<input type="checkbox"/> Spirit Wear	<input type="checkbox"/> PTO Office Supplies	<input type="checkbox"/> Kindergarten Expenses
<input type="checkbox"/> Back to School Party	<input type="checkbox"/> Flower Sale	<input type="checkbox"/> PTO Software	<input type="checkbox"/> CPA Fees
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Boosterthon	<input type="checkbox"/> PTO Administrative	<input type="checkbox"/> General Membership Meetings
<input type="checkbox"/> Other: _____			

Approved by: _____

(Principal)

Date: _____

Approved by: _____

(PTO Board Member)

Date: _____

*Receipts or invoices must be submitted with this form. We cannot reimburse sales tax.

*All checks for reimbursements to PTO members will be put in the front office for pick up. Please allow up to 10 days for processing. If you are unable to pick up your check, please note on this form or email westclaytreasurer@gmail.com to have your check mailed

Treasurer Use Only

PTO Category _____ Check # _____ Date Paid: _____