Eisenhower Elementary PTO

Reimbursement/Check Request Form

Date of Request: _____ Make Check Payable to:_____

Budget Item/Event	Description of Expense	Amount
		$
		$
		$
		$
		$
	TOTAL	$

Submitted By: _____ Phone #: _____

Signature: _____ Email: _____

***Payment will be sent home with your child. Please mark the following:*

Child's Name:_____ Teacher:_____

- Please submit all reimbursement request forms to the school office. Please do not email them.
- **A receipt or invoice MUST be included with this form.**
- If an invoice is submitted, please note if the funds are to be sent directly to the company.
- All reimbursements should be submitted within two weeks following the conclusion of the event. No reimbursement requests will be honored after **June 15th**.

For expenses in which our member will retain the use or service of a reimbursable item, the following items will be required for reimbursement. Submission of a written reimbursement request, a copy of invoice or bill, and an attestation to the appropriate percentage of the goods and/or services used for PTO related purposes. Members must attach a signed and dated declaration to the reimbursement that contains the following language: "I hereby certify that the items for which I am requesting reimbursement have been used in part for official Eisenhower PTO purposes. Official use was **[X] %** of the total usage. Reimbursement will then be extended to the member in that percentage allocation."

For PTO Treasurer Use Only: Check # _____

☐ Logged in monthly budget ☐ Logged in Quicken

☐ Logged in annual budget ☐ Date check sent/mailed _____

Comments: _____