

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 _____ Provide check to submitter _____ Provide payment to submitter via Zelle

Zelle Account Name _____

Submitted by: _____ Phone or Email: _____

Staff Expenses for Reimbursement by PTO

☐ Staff Discretionary Fund	☐ 5th Grade Expenses	☐ Academics
☐ Professional Development	☐ KG Special Events	☐ PTO Presents
☐ Library Fund	☐ Grade Level Events List Grade: _____	☐ Field Day
☐ Art Fund	☐ Nurse	☐ Annual Grant Fund
☐ Music Fund	☐ Guidance Counselor	☐ Principal Fund
☐ Wellness Fund	☐ Technology	☐ Field Trips
☐ STEM Fund	☐ Other: _____	

PTO Expenses (PTO Directors and Volunteers)

☐ Room Parties	☐ Staff Appreciation	☐ Staff Luncheon	☐ 5th Grade Expenses
☐ Family Events	☐ Spirit Wear	☐ PTO Office Supplies	☐ Kindergarten Expenses
☐ Back to School Party	☐ Flower Sale	☐ PTO Software	☐ CPA Fees
☐ Fundraising	☐ Boosterthon	☐ PTO Administrative	☐ General Membership Meetings
☐ 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