

EAS PTO PAYMENT REQUEST

Requested By: _____ Date Submitted: _____

Payable To: _____ Delivery – circle one:
(if different from “requested by”)

Approved By: _____ PTO Basket Address
(committee chair / board member signature) for pick up from school for USPS or kid mail

Address: _____
(if applicable; for kid mail, please list student’s name)

Purpose of funds (include committee/budget line): _____

Please list the vendor for each receipt or invoice, one per line. If receipt contains purchases NOT eligible for reimbursement, please circle eligible expenses and include sales tax where applicable. All receipts must be attached for reimbursements.

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

Total to be Issued: \$ _____

If you would like to use the new online PTO Reimbursement form, please use this QR Code. Any questions about the online form, please email treasurer@easpto.org



For Treasurer Use Only

Date Check Issued: _____ Amount: _____

Budget Line: _____ Check Number: _____