

Discovery Elementary PTO Reimbursement Request

Name: _____

Phone: _____

Date: _____ Amount: _____

Pay to: _____

Method of Delivery Preferred:

Send home with student at DES (name, grade, teacher) _____

Pick up at next PTO meeting

Mail to: _____

Purpose for Funds Being Reimbursed (be specific):

Signature: _____

Note: Attach all receipts and other applicable documentation to this form (i.e., purchase orders, contracts, etc.). All receipts must be turned in within 60 days of purchase for reimbursement. Any receipts turned in after 60 days will not be eligible for reimbursement. All reimbursements will be reviewed by the PTO board at the monthly board meeting and will be paid out after approval. All reimbursements turned in at the monthly PTO meeting will be paid on or before the PTO meeting the following month.

For Treasurer's Use Only

Date Paid:

Check #:

Cleared:

Budget Category: _____

Approved By: _____

Second Signature (required for all checks valued \$251 or higher) _____

