

## LEGACY PTO REIMBURSEMENT REQUEST FORM

### GENERAL INFORMATION

Date:

Individual requesting payment:

Phone number:

Email:

Check/Requested Amount: \$

Budget account to be charged to:

### TYPE OF EXPENSE

(Please check one)

Personal reimbursement per attached receipts (must equal amount requested)

Payment of attached vendor invoice

Payment request per attached contract (contract must be signed before forwarding to treasurer)

Other (explain)

### METHOD OF PAYMENT

(Please check one)

Check to be picked up from PTO mailbox by individual requesting payment

Check to be mailed directly to vendor/supplier at address on attached invoice

Forward to: (child's name)

(teacher/grade)

Special instructions (explain):

### AUTHORIZATIONS

Requesting individual's signature:

Committee:

Treasurer's signature:

Second approval signature:

Check Number:

Date Paid:

\*\*\* Reminder: Expense reports should be submitted within 30 days of incurring expenses. Legacy Elementary PTO will not reimburse expenses submitted more than 45 days after they have been incurred. All expenses need to be submitted by June 30<sup>th</sup>.

Please be sure to put all receipts with this form in an envelope labeled "PTO Treasurer" before placing in the PTO mailbox. If you have any questions, please contact the PTO treasurer, at [treslegacypto@gmail.com](mailto:treslegacypto@gmail.com)