

REQUEST FOR PTO FUNDS

* Indicates required question

1. Email *

.....

2. NAME *

.....

3. TYPE OF EXPENSE *

Mark only one oval.

Teacher Reimbursement (up to \$100 per school year)

Club/Committee

Department Budget Purchase

Other:

4. Supplies/Payment needed by: *

.....
Example: January 7, 2019

5. Check Payable To: *

.....

6. *Amount* *

7. Purpose of Expenditure *

8. RECEIPTS MUST BE SUBMITTED IN ORDER FOR APPROVAL *

Files submitted:

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