



Meramec School PTO

Payment/Reimbursement Request: Please complete form, **attach receipt, invoice or bill**, and return to PTO mailbox.

Person/Committee requesting payment: _____

Email: _____ Phone: _____

Name and Mailing Address to receive the check payment:

Describe items or services and purpose:

Amount requested: _____ Date needed: _____

PTO Volunteer:

_____ I have not paid. I have a bill or invoice.

_____ Please issue a check to vendor. Deliver to me so I can pay vendor in person.

_____ Please issue a check to vendor. Mail directly to vendor per attached invoice.

_____ I have paid per attached receipts or invoice and request reimbursement for:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Total

I certify that the expenses listed are appropriate PTO expenses:

Your Signature

Date

Approval Signature (PTO co-president or treasurer)

Date

Check #:
Date issued: