



Glenridge PTO

PTO Payment Request Form: Please complete form, **attach receipt, invoice or bill**, and return to PTO Treasurer mailbox. Per District standards, please tape receipts to 8 ½ x 11 blank paper.

Person/Committee requesting payment: _____

Email: _____ Phone: _____

Name and Mailing Address (if check is being delivered to you):

Describe items or services and purpose:

Amount requested: _____ Date needed: _____

Staff:

- _____ I have not paid. I have a bill, invoice or District purchase order.
_____ 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.
_____ Please issue a check to School District of Clayton-Glenridge and I will work with Shelley Leeper on paying the vendor.
_____ I have paid per attached receipts. Please issue a check to School District of Clayton Glenridge and I will work with Shelley Leeper on reimbursement.

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

Please accept \$ _____ of these expenses as a personal donation to PTO and provide tax letter for said value.

I certify that the expenses listed are appropriate PTO expenses:

Your Signature and Date

Approval Signature and Date - PTO co-president or treasurer

Check # :
Date issued: