



Pershing PTO Reimbursement Request Form

Instructions:

1. Fill all fields of the form below; incomplete forms will not be processed. PLEASE PRINT.
2. Staple the original receipts taped to an 8.5 x 11 paper to the back of the form. Forms without appropriate supporting documentation will not be processed.
3. Place the form and attachments in the drop safe located in the School Store or mail the form and attachments to 3734 Bellefontaine. DO NOT EMAIL THE FORM AND ATTACHMENTS.

** Date of Request: _____

** Name: _____ ** Amount: _____

** Brief description of what you have purchased on behalf of the PTO:

** Budget expense reimbursement is to be charged to:

Note: If you are requesting the reimbursement be divided amongst multiple budgets, please ensure the total agrees to the reimbursement amount above.

** Address the reimbursement should be mailed to:

IF this reimbursement is to be made to someone other than the requestor, please complete the following:

Vendor: _____ Invoice Number: _____

Address to mail payment: _____

I have received and inspected the goods / services being reimbursed (circle one) **Y** or **N**

I am requesting prepayment of the goods / services for the following reason: _____

I am requesting special delivery accommodations of the payment as described below. Please note you will be informed by the PTO treasurer if the accommodation can be made.

** Required field for all reimbursements

Date Received by Treasurer: _____ Date Payment Processed: _____