



Today's Date: _____

Event Name: _____

Budget: \$ _____

EMPTO Check Request
(Tax Exempt New York ID: 248237)

(please select one)

Cash Advance _____

Reimbursement _____

This form must be completed by anyone requesting money from the PTO. If you are requesting cash for a cash advance for supplies or a check to pay a vendor you must mark the correct selection from the top right of this form. Remember the **PTO cannot reimburse for sales tax**, so make sure you have the tax exempt number or form with you when you make your purchases.

Please note that no personal purchases may be shown on receipt. Please use a separate transaction for personal items.

Name/Vendor _____
(name to appear on check)

Address _____

Email _____

Phone _____

Details of receipts or retailers (list each separately. If being reimbursed attach receipts to this form):

Company Name on Receipt	Description of items Purchased	Amount of Receipt/Invoice/Cash
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Amount Requested \$ _____

By signing this form I agree to return all remaining funds as well as original receipts (no handwritten receipts) within one week after the event. I understand that nonprofit funds may NOT be used to pay sales tax nor will I be reimbursed for any paid sales tax. I understand that I must stay within budget.

PTO Chairperson Signature: _____ PTO Chairperson PRINTED Name: _____

Issued by: _____ Date: _____ Check #: _____
Treasurer

PLEASE email the current PTO Treasurer AFTER this form is put into the PTO Mailbox at the Elementary School