



## Inspiration Mountain PT SO Reimbursement/Request for Funds

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

| Reimbursement Category: Please put a description of what you purchased and line item totals in the second column. Then total all individual line items by category and then total all categories.   |  |  | <b>Total Amount</b> |
|---|--|--|---------------------|
| <b>Fundraising</b><br><input type="checkbox"/> Read-a-Thon: _____<br><input type="checkbox"/> Spiritwear: _____<br><input type="checkbox"/> Other: _____  | \$ _____<br>\$ _____<br>\$ _____   |  | \$                  |
| <b>Membership</b><br><input type="checkbox"/> Family: _____<br><input type="checkbox"/> Business: _____<br><input type="checkbox"/> Teacher: _____<br><input type="checkbox"/> Staff: _____   | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____                                     |  | \$                  |
| <b>Family Fun</b><br><input type="checkbox"/> Kinder Breakfast: _____<br><input type="checkbox"/> Glow Dance: _____<br><input type="checkbox"/> Fall Fest: _____<br><input type="checkbox"/> Winter Fest: _____<br><input type="checkbox"/> Other (list event): _____   | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____                                     |  | \$                  |
| <b>Staff Appreciation</b><br><input type="checkbox"/> Appreciation (Week, Con., etc) _____<br><input type="checkbox"/> Teacher Grant: _____<br><input type="checkbox"/> Class Subscription: _____<br><input type="checkbox"/> Appreciation Days: _____<br><input type="checkbox"/> School Supplies: _____<br><input type="checkbox"/> School Enhancements: _____<br><input type="checkbox"/> Maker Space: _____ | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ |  | \$                  |
| <b>PTSO Admin</b><br><input type="checkbox"/> Start Up Supplies: _____<br><input type="checkbox"/> Office Supplies: _____<br><input type="checkbox"/> Other: _____  | \$ _____<br>\$ _____<br>\$ _____   |  | \$                  |
| <b>Total Spend</b>  |  |  | \$                  |

Details of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Requestor Signature** \_\_\_\_\_

Make Check Payable To (if different than requested by): \_\_\_\_\_

**\*\*Receipts must be attached\*\***

Included in Annual Budget  or Approved at Meeting   
Meeting Date \_\_\_\_\_

\*\*\*\*\* Treasurer Use Only \*\*\*\*\*

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Issued \_\_\_\_\_

Treasurer Signature \_\_\_\_\_

Second Sign if Treasurer Request \_\_\_\_\_

Annual Auditors Signature \_\_\_\_\_