



Reimbursement/Request for Funds

2024-2025 Inspiration Mountain PTSO

Name _____ Date on Receipt _____

Debit Purchase \$ __, __ __ __ . __ __ OR Debit Return (\$ __, __ __ __ . __ __)

Purchase Reason/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.

ONE FORM PER TRANSACTION/RECEIPT

Fundraising: <input type="checkbox"/> Read A Thon: _____ <input type="checkbox"/> Other: _____	\$ _____ \$ _____
Grade Level Grant Purchase: <input type="checkbox"/> Supplies: _____ <input type="checkbox"/> Clothing: _____ <input type="checkbox"/> Special event: _____ <input type="checkbox"/> Other: _____	\$ _____ \$ _____ \$ _____ \$ _____
Family Fun: <input type="checkbox"/> Kinder Breakfast: _____ <input type="checkbox"/> Glow Dance: _____ <input type="checkbox"/> Fall Fest: _____ <input type="checkbox"/> Art Night: _____ <input type="checkbox"/> Movie Night: _____ <input type="checkbox"/> Other (list event): _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Staff Appreciation: <input type="checkbox"/> Appreciation (Week, Conference, etc) _____ <input type="checkbox"/> Teacher Grant: _____ <input type="checkbox"/> Class Subscription: _____ <input type="checkbox"/> Appreciation Days: _____ <input type="checkbox"/> School Supplies: _____ <input type="checkbox"/> School Enhancements: _____ <input type="checkbox"/> Maker Space: _____ <input type="checkbox"/> Other: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
PTO Admin: <input type="checkbox"/> Office Supplies: _____ <input type="checkbox"/> Other: _____	\$ _____ \$ _____
Total Spent	\$ _____

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 _____