

## Inspiration Mountain PTSO Reimbursement/Request for Funds

Requested by: \_\_\_\_\_\_Date:\_\_\_\_\_

Phone:		
Address:		
City:	State:Zip:	
Reimbursement Category: Please put a descript	tion of what you purchased and line item totals	Total Amount
in the second column. Then total all individual lir	ne items by category and then total all	
categories.		
Fundraising:		
Read A Thon:		
Grams (valentine, holiday, etc)	\$	
Spiritwear:	\$	
☐ Kinder Breakfast:		
☐ Other:	\$	\$
Membership:		
☐ Family:	<b>\$</b>	
☐ Business:	\$	
☐ Teacher:		
☐ Staff:		\$
Family Fun:		Ψ
□ Bingo:	\$	
☐ Movie Knight:	\$	
☐ 6 <sup>th</sup> Grade Graduation:		
☐ Other (list event):		
		\$
Staff Appreciation:  ☐ Appreciation (Week, Conference, etc)	<b>\$</b>	
☐ Teacher Grant: ☐ Class Subscription:		
□ Appreciation Days:		
☐ Library Books:		
	<del>*</del>	
☐ School Enhancements: ☐ Maker Space:		r.
PTO Admin:	\	\$
☐ Start Up Supplies:	\$	
☐ Office Supplies:		\$
		T
Other:	Ψ	s

Details of Request:			
Invoice #:			Amount: \$ , ,
Signature			
Make Check Payable To	(if different than	requeste	ed by):
	**Receipt	s must	be attached**
Included in Annual	Budget 🗌	or	Approved at Meeting $\square$
			Meeting Date
******	****** Trea	asurer U	se Only ************************************
Check #	Amount \$		Date Issued
Treasurer Signature			
Audited by Signature			