

BARNWELL ELEMENTARY PTO REIMBURSEMENT REQUEST

DATE:	
Requested By:	

*****STAPLE all receipts to the back of this form.*****

Budget Item/Category:	Amount:
TOTAL Requested Amount:	

Make payable to: _____

Delivery Method:

- Send Home with my child.
 - Name: _____
 - Grade: _____
 - Teacher: _____

- Mail to address on Invoice.
- Place in PTO mailbox at school labeled: _____
- Other: _____

Requestor's Signature:	
VP Approval Signature:	
President's Approval Signature:	

*2 Signatures (including a President) are required for amounts over \$200.00

Date Issued:	
Payment Method:	
Check #:	
Treasurer's Signature:	

Note: Payments will be issued as timely as possible. Please notify Dani Lawson when a request has been placed in the treasurer's box or if you have any questions. (678)478-5922; danijean@gmail.com; or treasurer@barnwellpto.org.