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 Megan Gann when a request has been placed in the treasurer's box or if you have any questions. (706) 372-5652, megantgann@gmail.com or treasurer@barnwellpto.org.