

**STOLLER MIDDLE SCHOOL PTO
REQUEST FOR PAYMENT/REIMBURSEMENT**

Date: _____

Person Making Request: _____

Check To Be Made Payable To (if different): _____

Requester's Phone or Email Address: _____

Committee (or Budget Category): _____

Amount Requested: \$ _____

Description of Item(s) Purchased: _____

Payment Return Route: (check one)

I am a member of Stoller Staff, please leave in my school mailbox

I will retrieve from PTO Mailbox in Attendance Office.

Mail to the following address: _____

****PLEASE ATTACH ALL RECEIPTS (with purchased items clearly labeled if necessary)
OR INVOICE TO THIS FORM AND LEAVE IN
PTO TREASURER MAILBOX IN THE ATTENDANCE OFFICE****

****PLEASE ALLOW 10 BUSINESS DAYS FOR PAYMENT****

*****QUESTIONS CAN BE EMAILED TO StollerPTOTreas@gmail.com*****

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FOR PTO USE: Check Amount: _____ **Check Number:** _____

Check Issue Date: _____ **Issued By:** _____