

School Year 2021-2022

Shaull Elementary PTO Teacher Subsidy Reimbursement Form

STAFF SUBSIDY ONLY

DATE OF REQUEST: _____

CHECK PAYABLE TO: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

AMOUNT REQUESTED: _____

TEACHER NAME: _____

TEACHER GRADE/SPECIALTY: _____

CHECK SUBSIDY TYPE REQUESTED (SELECT APPROPRIATE CHOICE):

- ☐ \$150.00 FULL-TIME TEACHER SUBSIDY
- ☐ \$100.00 PART-TIME TEACHER SUBSIDY
- ☐ \$50.00 FULL-TIME TEACHER ADD'L SUBSIDY FOR VOLUNTEER HOURS (Shaull Fair/Movie Night)
- ☐ \$25.00 PART-TIME TEACHER ADD'L SUBSIDY FOR VOLUNTEER HOURS (Shaull Fair/Movie Night)

PRINCIPAL SIGNATURE: _____

DATE: _____

PLEASE STAPLE ALL RECEIPTS TO THIS FORM. PLEASE KEEP COPIES FOR YOUR RECORDS UNTIL YOUR REIMBURSEMENT CHECK IS RECEIVED. **SALES TAX WILL NOT BE REIMBURSED.** PLEASE SEE MR. A OR A PTO BOARD MEMBER FOR A COPY OF THE PTO TAX EXEMPT CERTIFICATE. RETURN THE COMPLETED FORM AND RECEIPTS WITHIN **30 DAYS** TO MR. A'S MAILBOX IN THE SCHOOL OFFICE FOR SIGNATURE. MR. A WILL THEN FORWARD THIS FORM WITH DOCUMENTATION TO THE PTO TREASURER FOR REIMBURSEMENT. PLEASE ALLOW 2-3 WEEKS FOR PROCESSING. THANK YOU.

CHECK DISPOSITION:

- ☐ MAIL TO ADDRESS BELOW

- ☐ PLACE IN SCHOOL MAILBOX

PTO USE ONLY

PTO TREASURER SIGNATURE: _____

DATE: _____

CHECK #: _____

AMOUNT: _____

CHECK DATE: _____

SUB BAL: _____