

School Year 2021-2022

Shaul Elementary PTO Event Expense Reimbursement

Form PARENTS/VOLUNTEERS

DATE OF REQUEST: _____

CHECK PAYABLE TO: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

AMOUNT REQUESTED: _____

EVENT TYPE: _____

EXPLANATION OF REIMBURSEMENT REQUESTED (BE SPECIFIC):

COMMITTEE CHAIR APPROVAL SIGNATURE: _____

SIGNATURE DATE: _____

PLEASE STAPLE YOUR INVOICE/RECEIPT(S) TO THIS FORM. PLEASE KEEP COPIES FOR YOUR RECORDS UNTIL THE 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 ATTACHMENTS WITHIN **30 DAYS** OF PURCHASE TO THE PTO TREASURER MAILBOX IN THE SCHOOL OFFICE. PLEASE ALLOW 2-3 WEEKS FOR PROCESSING.

CHECK DISPOSITION:

- ☐ PLEASE MAIL

MAILING ADDRESS: _____

- ☐ SEND HOME IN MY CHILD'S SCHOOL BAG

TEACHER'S NAME: _____

CHILD'S NAME: _____

PTO USE ONLY

PTO TREASURER SIGNATURE: _____ DATE: _____

CHECK#: _____ AMOUNT: _____

CHECK DATE: _____ BUDGET ITEM/AMOUNT: _____