

Satchel Ford PTO Funding & Reimbursement Request

Please print clearly. Reimbursement request forms must be submitted by 7:30am on Friday morning for checks to be available for pickup in the main office by the following Friday.

Date _____

Federal Tax ID: 57-0955424

AMOUNT: \$ _____ *(Must attach receipts or invoice)*

PTO Committee Charged: (Hospitality, Red Carpet, Spring Party, etc.)

Brief Description of Request: _____

REQUESTED BY

Name: _____
Print *Signature*

SELECT PAYMENT

- Please make check payable to person named above.
- Please mail check to vendor. *You must provide an address below.*

APPROVED BY

PTO President Signature

Date

PTO Treasurer Signature

Date