**PERCY PRIEST ELEMENTARY PTO**

**DISBURSEMENT/REIMBURSEMENT REQUEST**

***Complete all lines to ensure prompt payment.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUBMITTED BY:** | |  |  |  |  |
| **Name:** |  |  | **Cell Phone:** |  |  |
| **Email:** |  |  |  |  |  |
| **Child’s Name:** | |  |  |  |  |
| **Child’s Teacher:** | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHECK INFORMATION:** | | | | | | | | | | | |
| **Amount:** | | **$** | |  | |  |  |  |  |  |  |
| **Budget line to be charged:** | | | | | |  |  |  |  |  |  |
| **Make check payable to:** | | | | |  |  |  |  |  |  |  |
| **Address for check:** | | |  | |  |  |  |  |  |  |  |
|  |  | |  | |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Description and itemization of expense:** | |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Teacher expense request must be authorized by Principal.***  ***PTO expense request must be authorized by PTO Co-President.*** | | | |
| **Authorized by:** |  |  |  |

**ALL PURCHASES TAX-EXEMPT. Inform vendor that Percy Priest PTO is a tax-exempt organization. Tax-exempt number is 780098011. Tax exempt forms are available in the office. The PPE PTO DOES NOT reimburse sales tax.**

**ATTACHMENTS. For disbursement requests, attach a copy of an invoice or bid. For reimbursement requests, attach a copy of a receipt.**