

STEVENS CREEK PTO
Request for Reimbursement

For PTO use:
Date paid _____
Check # _____

Please complete steps 1 - 6 to ensure timely payment.

1. Check Payable to: _____ Date: _____
2. Your email address: _____
or phone number (the best way to reach you if we need to contact you for more information).
3. Signature of Committee Chair or
Principal if Requester is Teacher/ Staff: _____

Purchase to be expensed from the: _____ budget
(Your committee/board name here)
(Teachers indicate: Classroom Allowance)

4. Receipt Date	Description of Purchase	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Attach only **original** receipts – photocopies are **not** accepted by our auditor.
6. Put your completed form in the REQUEST FOR REIMBURSEMENT tray on top of the PTO file cabinet.
7. Checks will be distributed within one week of receipt of *completed* reimbursement form. Blanks for steps 1-4 will result in delays.
8. When your check is ready, pick up your check in your PTO communication folder or teacher's box.