

REQUEST FOR PTO FUNDS

1. Complete the form and attach supporting documentation (receipts, invoice).
2. Obtain required signatures and forward to PTO Treasurer.
3. Allow two weeks for checks of \$250 or less.
Allow an additional time for checks over \$250.

PLEASE SUBMIT RECEIPTS WITHIN 60 DAYS AFTER EVENT FOR REIMBURSEMENT. ALL RECEIPTS BEYOND 60 DAYS ARE CONSIDERED A DONATION TO THE SCHOOL AND YOU WILL RECEIVE A DONATION FORM IF REQUESTED. JUNE RECEIPTS MUST BE TURNED IN BY JUNE 30TH FOR REIMBURSEMENT.

ADVANCE FUNDS: *Advance funds require submission of original receipts after use. Any remaining advance funds should be reimbursed with cash or a check made payable to St. Joseph PTO.*

Date of Request: _____ Date Needed: _____

Type of Request: Check applicable box.

_____ Reimbursement
_____ Advance Funds
_____ Payment to Vendor

Pay to: _____

Mail/Return Check to: _____

Amount: _____

Purpose _____

Charge to: _____

*Please indicate where the funds are to be charged. If funds are to be charged to more than one category, please indicate the exact amount to be charged to each category.

***For Class Funds Only: I have verified that there are class funds available to cover this request: Designated Class Funds Coordinator: _____**

3 signatures required for Class Fund Reimbursement Only

Requestor's Signature: _____

Requestor's Phone Number: _____ **Email address:** _____

****Second Signature:** _____

****The teacher must approve all class funds for use. If you are unsure of whose approval is needed, contact the Assistant Treasurer, Barb Griffin(703)850-3723 or**

bgriffin@hayesstair.com .

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