

Windsong PTO Reimbursement Request

2024-2025

(See bottom of page for directions/notes on submitting your request)

Committee Name: _____ **Date:** ____ / ____ / ____

Address: _____ **Phone:** _____

Make Check Payable to: _____ **Amount:** \$ _____

Purpose of Expenditure: _____

Description of Items Purchased: _____

Were there any discounts or donations given in conjunction with this reimbursement? If yes, please note the amount here: \$ _____

Additional Comments: _____

Reimbursement Directions/Notes:

- Board preapproval is required for purchases over \$499. If any of your reimbursement items is \$500 or more, please attach the preapproval here (emails, contracts, or any other directives).
- Staple pertinent receipts to this form (receipts should total the amount of the reimbursement request)
- PTO will NOT reimburse or pay sales tax.
- Please deliver this form (with receipts) to the Treasurer no later than seven (7) days after event completion.

/ /
Date Received

_____ \$ _____
Check # Amount

/ /
Date Reimbursed

Treasurer Signature