



No Goal Out of Reach

REIMBURSEMENT FORM

Mountainside PTO
 11256 N. 128th Street
 Scottsdale, AZ 85259
 mountainsidepto@yahoo.com

DATE: _____

PAYABLE TO: _____

Mail Check? _____

Or

Deliver to School/
 Teacher Mailbox?

DATE	SCHOOL CLASS/DEPT./ GRADE/COMMITTEE	DESCRIPTION OF REQUEST	AMOUNT
TOTAL			

1. Complete form in its entirety and sign, it will be returned to you if it is not completed in full.
2. **You MUST attach all original receipts or invoices to your request. Reimbursements will not be issued without receipts or invoices.**
3. Retain a copy of all paperwork for your records.
4. Committee Chair or Staff Member must approve (sign) Reimbursement Form. Approval must be given prior to spending a committees/staffs fund; otherwise you may not be reimbursed. Second approval needed for expenditures over \$200.00.

Staff or Committee Approval *Date*

2nd Approval if needed *Date*

PTO USE ONLY:

Account: _____			
Check#	_____	Amount	_____
		Date Paid	_____

TREASURER COPY

COMMITTEE CHAIR COPY