

Mount Airy - Parr's Ridge Elementary School PTO



REQUEST FOR REIMBURSEMENT & VENDOR CHECK REQUEST



Attn: Jen Aliftiras- Treasurer
Please complete section I or II and section III

Section I - Request for Reimbursement

Please attach all receipts to this form.

Your Name: _____

Date: _____

Reimbursement Amount: \$ _____

Reason for Request:

Section II - Check Request for Vendor

Please attach the **vendor invoice** to this form

Date: _____

Invoice #: _____

Invoice Date: _____

Invoice Amount: _____

Payable to: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Date Needed: _____

Reason for Request:

Section III - Authorization

Requested by: _____ Authorized by: _____
Your Signature *PTO Treasurer*

Return Payment to: _____

Special Instructions: _____

Do not write below this line

G/L#: _____
Date Paid: _____

Note: When submitting **deposits**: List on the envelope -
-Your name
-Total submitted by - Checks and Cash
-Purpose/description of deposit - (example - Market Day Reimbursement)