

Baines Middle School PTO Payment / Reimbursement Request Form

Reimbursement
 Payment to vendor
 Leave in PTO Box at School
 Mail

Date requested: _____ Requested by: _____

Requestor phone: _____ Committee Chair: _____

Check should be made payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- Please complete form, attach all original receipts, place approved form and receipts in PTO Treasurer box in school office. Please text Julie Hittle 303-720-9220 to let me know you have a pending request.
- Approved requests received by Wednesday 10 am will be paid by the next Wednesday afternoon.
- Payments could be delayed if form is submitted without proper approval and/or original receipts/invoices.
- Payments to Board members require PTO President approval and checks over \$1,000 require PTO Board approval.
- Sales tax will not be reimbursed

Budget Account	Description of Items Purchased	Amount
Check Total		

Signature of Board member approving payment: _____

Printed name of Board member approving payment: _____ Date _____

Treasurer use only:

<i>Date Paid:</i>	<i>Check Number:</i>
<i>Board Approval Minutes Date:</i>	<i>Check Amount:</i>