



ROBISON PTO CHECK REQUEST FORM

**RECEIPTS MUST
ACCOMPANY
ALL REQUESTS!**

*Sales tax is NOT
Reimbursable!*

Date: _____

Payable to: _____

Amount of Reimbursement: _____

Description of expenditure: _____

Budgeted expense? YES NO If so, list budgeted account: _____

Does this item need PTO Board Approval (>\$500 or not budgeted): YES NO

Select expense account and indicate expense allocation:

- | | |
|---|---|
| 5 th grade Exchange City _____ | 5 th grade Recognition Party _____ |
| 5 th grade Memory book _____ | Author Day _____ |
| Cultural Arts _____ | DARE (prog/lunch) _____ |
| Directory Printing _____ | District Donations _____ |
| Drug awareness (high impact) _____ | Family Fun Night _____ |
| Fitness Days _____ | Field Trips _____ |
| Fundraiser Expenses _____ | Fundraiser Incentives _____ |
| Health & Welfare _____ | Hospitality _____ |
| Jr Achievement _____ | Membership Drive _____ |
| Office Supplies _____ | Public Relations _____ |
| School Supplies _____ | School Support & Staff Dev _____ |
| Spirit Shop _____ | VIPS _____ |
| Other _____ | |

**Reimbursements should be submitted within 30 days of purchase or event date.
**Reimbursements must be requested within the same fiscal year as purchases were made.
***Reimbursement checks will be paid within a week of submission and can be picked up in front office.*

CHAIRPERSON APPROVAL: _____

PTO BOARD APPROVAL: _____



TREASURER USE: Initials _____ Date Paid _____ Check # _____