

FOR TREASURY USE ONLY:							
Acct #							
Check #							

This form should be used only by parents and PTO members (<u>not</u> WUES Staff) who have made an approved purchase. Please submit this form with original itemized receipts, proof of payment, and W-9, if applicable. Please note that reimbursement checks will take approximately two weeks.

DATE:	

AMOUNT (detail attached): _____

REQUESTED BY (print name): _____

Signature:

By signing above, I acknowledge that this expense is legitimate and for PTO/school purposes.

Phone & Email: _____

BRIEF DESCRIPTION OR PURPOSE OF EXPENSE: _____

IF THE REQUIRED APPROVAL & SIGNATURE OF A PTO EXECUTIVE BOARD MEMBER IS NOT IN THE BOX BELOW, THE FORM WILL BE RETURNED TO YOU, DELAYING PAYMENT.

REQUIRED SIGNATURE FOR APPROVAL:

PTO Executive Board Member Name:

PTO Executive Board Member Signature: _

You are approving the expense as legitimate and certifying that goods/services have been received/rendered.

Check one:

__ Request to pay vendor directly. Invoice is attached. Check payable to: ___

Personal reimbursement (check) directly to individual (<u>Total must be under \$600</u>). Receipts MUST be accompanied with original itemized receipt and proof of payment. We <u>CANNOT</u> reimburse sales tax.

_____ This expense will appear on the PTO credit card AND a copy of purchase invoice is attached.

Please mail OR return check to (include address:) ______

PTO Financial Policy – PERSON MAKING THIS REQUEST MUST INITIAL:

I CERTIFY THAT THE ATTACHED RECEIPTS AND/OR INVOICES REPRESENT LEGITIMATE EXPENSES INCURRED SOLELY FOR THE BENEFIT OF THE SCHOOL/PTO.

I CERTIFY THAT I HAVE NOT BEEN PREVIOUSLY REIMBURSED FOR THESE EXPENSES AND AM STILL CURRENTLY DUE THIS REIMBURSEMENT.

I CERTIFY THAT MY COMMITTEE OR EVENT CHAIRPERSON AND I DISCUSSED THESE EXPENSES BEFORE I INCURRED THEM ON BEHALF OF THE PTO.

Reminder checklist for submission:

- Itemized expenses listed on page two
- Itemized receipts attached
- Proof of payment attached, if applicable (e.g., credit card receipt or canceled check)
- For PTO credit card expenses or vendor invoices \$600 or more, W-9 is attached.

PTO EXPENSE REIMBURSEMENT – PARENT/PTO MEMBER

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PTO Budget Account – MUST CIRCLE ONE OR WRITE BELOW										
Membership	VP Fundraising	Enrichment Events	Clubs	Grade Level Parties	Room Reps	Volunteers SecuritySe curity	Service Projects	Misc	Grounds/ Building	Comms
Elizabeth Thompson	Annika Bermudez	Amanda Duguid	Amanda Duguid	Erika Wagner	Erika Wagner	Sepi Sadeghpour	Michelle Kuban	Leah Follete	Mark Prescott	Sarah Nelson
WU 101	Auction	Art Night	Odyssey of the Mind	Pre-K Parties	Pre-K Program	Hospitality /Staff Days	Service Projects	Presidents Discretion ary	Grounds Projects	Printings
Red Apple	Boo Bash	Internationa I Festival	Math Club	Kinder Parties	Kinder Program	Volunteer Expenses	Recycling	Holiday Gift Cards	Grounds Maint.	Monday Folders
Back to School Bash	Fun Run	Junior Achievemen t	Name That Book	1 st Grade Parties	1 st Grade Program			Treasurer	Pond	Yearbook
Membership	Home Tour	STEM Night	Robotics Club	2 nd Grade Parties	2 nd Grade Program			Security	Garden	Website
New Family Events	Annual Family Donation Drive	Bluebonnet Breakfast	Theater Club	3 rd Grade Parties	3 rd Grade Heritage				Padres	Monthly Mustang
	West U Gear	Talent Show	Garden Club	4 th Grade Parties	4 th Grade TX State Fair					
	Book Fair	Positive Behavior Program	Triathlon Club	5 th Grade Parties	5 th Grade Graduation					
	Birthday Book Club		Brick Club		5th Grade field trip					
	Pavers		Chess Club		Class t-shirts					
	Lawn Signs		Green Club							

Other Expense/Sub-account: ____

Itemize Expenses Here:

VENDOR	DATE	INVOICE #	EXPENSE DETAIL Reminder: No Sales Tax	AMOUNT		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
TOTAL FOR CHECK						

Please submit this signed Request for Payment form to the PTO Treasury/Finance box at the front office Questions about this form? Contact Casey Ball, Treasurer – Expense, at casey.m.ball@gmail.com.