



**REQUEST FOR PAYMENT or
PURCHASE REQUEST AUTHORIZATION—
WEST U STAFF/TEACHER
WEST UNIVERSITY ELEMENTARY SCHOOL PTO**

| |
|------------------------|
| FOR TREASURY USE ONLY: |
| Acct # _____ |
| Check # _____ |

*This form should be used by WUES staff members and teachers (not PARENTS/PTO) who are requesting authorization for purchase/reimbursement OR who have made an **APPROVED** purchase and are requesting payment/reimbursement.*

Step 1: Fill out top portion of this form and submit to Principal Disch for his signature.

Step 2: Once approved by Principal Disch and his signature is below, fill out the remainder of the form & resubmit to PTO Treasurer – Expense for payment. **Please submit this form with original itemized receipts and proof of payment, if applicable.** Please note that reimbursement checks will take approximately two weeks.

STEP 1:

DATE: _____

AMOUNT (detail attached): _____

REQUESTED BY (print name): _____

Signature: _____

By signing above, I acknowledge that I agree to the PTO Financial Policy highlighted below.

Phone & Email: _____

BRIEF DESCRIPTION OR PURPOSE OF EXPENSE: _____

REQUIRED SIGNATURE FOR PURCHASE REQUEST AUTHORIZATION/PRE-APPROVAL BY PRINCIPAL DISCH FOR ALL PURCHASES AND PERSONAL DEVELOPMENT. IF FORM IS TURNED IN FOR PAYMENT WITHOUT APPROVAL, IT WILL BE RETURNED TO YOU DELAYING PAYMENT.

WUES PRINCIPAL APPROVAL: _____

STEP 2:

Check one:

_____ Vendor is invoicing the school for this purchase (Invoice or Purchase Order is attached).

_____ Personal reimbursement directly to individual (**Total must be under \$600**).
*Original receipts must accompany this form. We **CANNOT** reimburse sales tax.*

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

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

(Continue onto next page.)

| PTO Budget Account – MUST CIRCLE ONE OR WRITE BELOW: | | | | |
|--|-------------------------|--------------------------|--------------------------------|--------------------------------|
| Administration | Instructional Materials | Educational Budget Items | Special Project by Grade Level | Professional Development |
| Facilities | Pre-K | Science Fund | Pre-K | ESL Certification |
| Principal's Discretion | Kinder | Art | Kinder | SEL Expenses |
| Technology | 1 st Grade | Music | 1 st Grade | Misc. Professional Development |
| | 2 nd Grade | Library | 2 nd Grade | |
| | 3 rd Grade | | 3 rd Grade | |
| | 4 th Grade | | 4 th Grade | |
| | 5 th Grade | | 5 th Grade | |

Expense/Sub-account: _____

Itemize Expenses Here:

| VENDOR | DATE | INVOICE # | EXPENSE DETAIL Reminder: No Sales Tax | AMOUNT |
|------------------------|------|-----------|--|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| TOTAL FOR CHECK | | | | |

PTO Financial Policy – MUST INITIAL ALL:

_____ I CERTIFY THAT THE ATTACHED RECEIPTS AND 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 PRINCIPAL DISCH AND I DISCUSSED THESE EXPENSES BEFORE I INCURRED THEM ON BEHALF OF THE SCHOOL/PTO.

Please submit this 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.