



**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. **Please select payment preference below: (Total must be under \$600).**

*Original receipts must accompany this form. We **CANNOT** reimburse sales tax.*

_____ Paper Check (to be delivered to school mailbox)

_____ ****NEW**** My Zelle Payment contact information is (phone or email): _____

****Please verify recipient information. Once payment has been sent, we cannot resend if incorrect.**

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

PTO Budget Account – MUST SELECT 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 Jordann Grodin, Treasurer – Expense, at treasury@westupto.org.