



REQUEST FOR PAYMENT— PARENT/PTO MEMBER

WEST UNIVERSITY ELEMENTARY SCHOOL PTO

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

This form should be used only by parents and PTO members (not 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: _____ <i>You are approving the expense as legitimate and certifying that goods/services have been received/rendered.</i> |
|---|

Check one:

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

_____ Personal reimbursement (check) directly to individual (**Total must be under \$600**).
*Receipts MUST be accompanied with original itemized receipt and proof of payment. We **CANNOT** 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 Budget Account – MUST CIRCLE ONE OR WRITE BELOW | | | | | | | | | |
|---|---|------------------------|----------------------|-------------------------------|-------------------------------------|-------------------------|------------------------|----------------------|---------------------|
| Fundraising | Sociables | Enrichment Events | Clubs | Grade Level Parties | Room Reps | Volunteer | Service Projects | Grounds/ Padres | Communi-cations |
| <i>Elizabeth Thompson</i> | <i>Lauren Gates Shirley Nwosu Heather Conerly Angela Castle</i> | <i>Amanda Duguid</i> | <i>Amanda Duguid</i> | <i>Erika Wagner</i> | <i>Erika Wagner</i> | <i>Emily Leitch</i> | <i>Allison Stasney</i> | <i>Mark Prescott</i> | <i>Sarah Nelson</i> |
| Fall/Spring Fundraiser | Pre-K | Art Night | Odyssey of the Mind | Pre-K Parties | Pre-K Program | WUES 101 | Service Projects | Grounds Projects | |
| Birthday Book Club | Kinder | International Festival | Math Club | Kinder Parties | Kinder Program | Red Apple | Recycling | Padres | |
| Membership/ Corp Sponsor | 1 st Grade | Junior Achievement | Name That Book | 1 st Grade Parties | 1 st Grade Program | New Family Events | | Pond | |
| Carnival | 2 nd Grade | Math & Science Night | Student Council | 2 nd Grade Parties | 2 nd Grade Program | Hospitality/ Staff Days | | Garden | |
| Fun Run | 3 rd Grade | Bluebonnet Breakfast | Theater Club | 3 rd Grade Parties | 3 rd Grade Heritage | | | | |
| West U Gear/ Class T-shirts | 4 th Grade | Book Fair | Other Clubs | 4 th Grade Parties | 4 th Grade TX State Fair | | | | |
| | 5 th Grade | No Place For Hate | | 5 th Grade Parties | 5 th Grade Graduation | | | | |

Other 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 | | | | |

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.