



TJS PTO



REIMBURSEMENT/CHECK REQUEST

Request Date	
Requestor Name	
Requestor Phone and Email	
Signature of Requestor	

Event/Program (Line Item of PTO Budget)	
Description of Goods or Services	
Check Payable to	
Mailing Address for Payment (If applicable, please include stamped envelope)	
Amount (excluding tax)	
Co-President/ Co-Vice President Signature (If amount is \$300 or above)	

- ❖ All receipts and supporting documentation have been verified by Requestor and should be attached to this form.
- ❖ **The reimbursement request does not include tax.** The TJS PTO is a tax exempt entity. You can find a tax exempt form to submit to a vendor [here](#).
- ❖ All goods/services are completed/received as specified.
- ❖ If the PTO is mailing payment on Requestor's behalf, please provide a second copy of the invoice to be mailed along with the check payment and a stamped envelope.
- ❖ Reimbursement requests for **\$300.00 and above** require a signature or written approval (e.g. email) from the Co-President/Co-Vice President prior to submission of this form. If email approval is obtained in lieu of a signature, please attach it to this submission.
- ❖ Please contact the TJS PTO Treasurer directly for reimbursement procedures and/or to answer any questions at **treasurer.tjspto@gmail.com**

For Treasurer Use Only	
Date Issued:	Check #: