

Coolidge PTO

Requisition for Payment or Reimbursement

Please complete this form and submit it to the principal for approval.

Requested by / Payable to: _____

Amount requested: \$ _____

Reason for request:

Please attach any invoices, receipts, or time cards that apply to this request.

Check one:

Please place check in teacher's Coolidge mailbox

Please mail check to:

By signing, I certify that the expenses above are valid and correct, and that I am not seeking reimbursement from any other source.

Signature: _____ Date: _____

Principal's signature for approval: _____ Date: _____

Funds to be used from this Line Item / Category: _____

PTO Use:

Check # _____

Date paid: _____

PTO Signature: _____

