KENSTON PTO Middle School

KMS Expense Reimbursement
Request for Payment

Give This To: **Kristin Jacobs**
Pay to: _____
- Mail to:_____
  or _____
- Send Home with_____

Date: _____
Committee: _____
Event:_____
_____
Teacher_____

Items Purchased	Quantity	Price	Total

Grand Total: $ _____

Approved via: Budget_____ Vote _____

Date Paid: _____ Amount Paid: _____ Check No.: _____

(Please attach receipts….Thank you.)

Instructions:

This form is to be used by PTO members/volunteers and/or school staff members who are seeking payment or reimbursement for expenditures from the PTO.

This expense must be pre-approved as per the PTO budget or as voted on by PTO members as per the meeting minutes.

This request must be accompanied by ALL related receipts/invoices or it will not be paid. Please tape or staple receipts to back of this request.

Thank you for your cooperation.