

Shenandoah Valley Elementary PTO

Request for Reimbursement Funds Form

(Staff, PTO Board Members and Committee Chairs)

Complete this form – attach **INVOICE** or **RECEIPT** (required)

Authorized Requestor's Name: _____

Today's Date: _____

Amount (sales tax excluded): \$ _____

Make Check Payable To: _____

Payee Address: _____

What was/will be purchased (be as detailed as possible):

Committee / Position: _____

Signature of Committee Chair or Board member: _____

Note: If you are NOT a Committee Chair – please give this form to the appropriate Chairperson for authorization. Any forms not submitted by a chairperson or PTO board member will be returned.

Check should be sent to: ____ Payee ____ Requestor

If submitting a hard copy: attach receipts to this form, address envelope to SVE PTO Treasurer and turn in to the Shenandoah Valley Elementary Front Office.

If submitting digital copy: email sveptotreasurer@gmail.com the completed digital form AND digital copy/picture of receipts.

Any questions? Email sveptotreasurer@gmail.com