

CHM@L PTSO PAYMENT REQUEST FORM

Date of Request:	Amount Requested:
Date Needed:	
Name of Requester:	
Email:	
Type of Request (Please circle one) :	
Refund (receipts must be attached)	
Invoice for PTSO to pay* (2 copies of invoice must be attached)	
*For Invoicing	
Payee Name:	
Payee Address:	
<u>Requesting Reimbursement From:</u>	
Restricted Funds Item (ex: Classroom Fund, Library Fund):	
Operating Budget Line Item (ex: Gardening Supplies, Professional Development):	
Description of Use or Project (What is the money paying for?):	
Authorizing signature (if seeking reimbursement for an account that requires signature or requester is not an individual that typically accesses the funds)	