

PTO Reimbursement/Payment Form

(Note: Please attach receipts if you're seeking reimbursement for PTO expenses. If requesting payment to a vendor, please attach the invoice provided by the vendor. If seeking payment in advance please explain below (#5). Any questions please contact Ann Sydnor, PTO Treasurer at 608-320-6776 or frptotreasurer@gmail.com. Mailing address: Ann Sydnor, 2366 West Lawn Ave., Madison, WI 53711

1. Name of Person or Vendor Being Paid:

2. Amount \$ _____ Today's Date __/__/__

3. Complete Address and zip code where check is to be mailed (or the school where the check should be sent)

4. PTO Account to be charged: _____

5. Purpose of Payment

6. Name of Person Filling Out This Form

7. If you are a school employee please have your school principal's office sign below.)

Approved _____ Date __/__/__

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For Treasurer's Use Only:

Check Number _____

Check Date _____

Date Entered _____