



EXPENSE REIMBURSEMENT FORM/CHECK REQUEST

Instructions for Form

Step 1.) Select One: Classroom Expense or PTO Expense

Step 2.) Date of Request: _____ **Date Needed:** _____

Step 3.) Amount of Request: \$ _____

Step 4.) Person Requesting Funds: _____

Step 5.) PURPOSE OF FUNDS REQUESTED:

Classroom Expense		PTO Expense	
Teacher Name		Activity/Event (Friday Treats, Book Fair, Fall Festival, Bingo Night, etc.)	
Party (Valentine, Winter, etc.)			
Gift (Birthday, End of Year, etc.)		Staff Dev/Appreciation (Professional Development, Meals, Teacher Appreciation, etc.)	
Other			

Step 1.) Circle Classroom Expense or PTO Expense.

Step 2.) Fill in Date of Request and Date needed.

Step 3.) Fill in the Amount of Request. (Please attach original receipts and keep copies for your records.)

Step 4.) Fill in your name.

Step 5.) Fill in the purpose of the funds being requested and the amount. See examples under each area.

Step 6.) Please indicate who the check should be made out to. Checks will be sent home with the child indicated. Please specify alternative pick-up if needed in Additional Instructions area.

Step 7.) Any additional instructions or comments.

Step 8.) Signatures are required for all requests.

Step 9.) Classroom Parent must sign as secondary approval on all classroom requests where they are not the person being reimbursed. Chairperson must sign as secondary approval when they are not the person being reimbursed.

****All requests over \$1,000 must have President's approval. ****

Step 6.) Check Payable To: _____

Phone #: _____ **Email:** _____

****Check will be sent home with your child unless otherwise indicated**

Child Name: _____ **Grade/Teacher:** _____

Step 7.) Additional Instructions: _____

Step 8.) Requestor Signature: _____
By typing my name, I am electronically signing this document.

Step 9.) Secondary Approval: _____
By typing my name, I am electronically signing this document.

Additional information:

- **Please allow 7-10 days** for processing to receive reimbursement.
- **STAPLE all original receipts.** They are required.
- Please include as much **detail/description** as possible.

Questions:

PTO reimbursement: treasurer@grayhawkpto.com

Classroom reimbursement: rptreasurer@grayhawkpto.com