



**EXPENSE REIMBURSEMENT FORM**

**Step 1.) Circle 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	
<b>Teacher Name</b>		<b>Activity/Event</b> (Friday Treats, Book Fair, Fall Festival, Bingo Night, etc.)	
<b>Party</b> (Valentine, Winter, etc.)			
<b>Gift</b> (Birthday, End of Year, etc.)		<b>Staff Dev/Appreciation</b> (Professional Development, Meals, Teacher Appreciation, etc.)	
<b>Other</b>			

**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:** \_\_\_\_\_

**Step 9.) Secondary Approval:** \_\_\_\_\_

**Instructions for Expense Reimbursement**

**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. Requests for Professional Development will need Mrs. Pavlik as secondary approval signature.

**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,** contact: **Tricia Owen**

480-650-6500 or tricialowen@yahoo.com

**Classroom reimbursement,** contact: **Mandy Chapin**

480-234-9347 or mandalynmc@gmail.com