

Sabetha PTO

Funds Request Form

Name _____ Date _____

Phone _____ Email _____

Amount \$ _____ Pay To _____

Is this a Pre-Approved Budget Expense? _____

Purpose of Funds Being Reimbursed (Be Specific)

Signature: _____

Note: Attach all receipts and other applicable supporting documentation to this form.

For Treasurer's Use Only

Date Approved _____ By Whom _____

Date Paid _____ Check # _____

Category: _____