

SOUTHRIDGE PARENT TEACHER ORGANIZATION

9625 SW 125th Avenue - Beaverton, OR 97008

STAFF ACCOUNT FUNDS/REIMBURSEMENT REQUEST FORM

This form is to be used to request funds from a designated staff fund or for reimbursement of expenses that have received prior PTO approval (i.e. expenses for Grad Night, staff appreciation, etc.). Do not use this form for PTO grant requests. Please ensure that all areas are completed so that your request is not delayed

Date of Request: _____

Organization Requesting Funds: _____

Requested Amount: _____

Type of Request:

Payment to Vendor (attach invoice or purchase order)

Reimbursement (attach receipts)

Brief Reason for Request (i.e. supplies, prizes, food)

Designated Payee, including address:

Name: _____

Address: _____

Mail check directly to Payee

Place check in mailbox at school

Contact person's name: _____

Contact person's email address: _____

APPROVAL: **(ALL REQUESTS MUST BE SIGNED BY BOTH REPRESENTATIVES)**

Signature of Contact Person: _____

Signature of Committee Head/Staff: _____

Please note: We will try to have checks printed/available within 7 days of receiving this request form.

If you have any questions, please email the current board Treasurer:

treasurer@southridgepto.com