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 Chris Benish, PTO Assistant Treasurer at frptotreasurer@gmail.com.

Mailing address: Chris Benish, 1918 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PTO Account to be charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 \_\_\_\_\_\_\_\_\_\_\_