

SCARLETT PTO EXPENSE REQUEST FORM

Attach Receipts. Checks / Debits will NOT be paid without receipts. Please make copies of receipts for yourself. Requests are considered at monthly Scarlett PTO meetings. Reimbursements must occur within the same Fiscal Year (July1-June 30) as the expenditure. Debit card payments will be made directly to vendors with appropriate invoices.

Expense Total:	
Date of Expense * must be current FY	
Purpose of Expense	

Payment Request due Date:	
Requestor Name & Department	
Circle one:	Check Debit Card
Address to be delivered to: (if different from PTO box)	

Contact Phone Number	
Email Address	
Pre-Approved Expense (Please circle one)	YES NO
Signature of approving PTO officer	

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For Treasurer's Use Only:

Date paid: _____ Check Number: _____