**2022-2023 Hilton Elementary PTO**

**Funding and Reimbursement Request**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here if your purchase was prepaid with the PTO debit card/Amazon account/etc. Then fill out the chart below with what was purchased, attach receipts, and submit to Treasurer 

Check here if your purchase requires a reimbursement. Then fill out the information and chart below with what was purchased, attach receipts, and submit to Treasurer

Check here if you are requesting the purchase of items for the school/PTO. List all items you wish to have purchased. We strongly suggest you email us specific links for items or provide item numbers below so the correct items are purchased. If your request is not approved (i.e. not a part of the PTO’s budget, covered by someone else such as the district, etc) we will let you know. Please give us up to two weeks to purchase the requested items.

For reimbursements:

1. To have your sealed check delivered to your child’s classroom:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Or check to put in office file: 
2. Or Mail to this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For purchases:

1. Please ship to Hilton under my name
2. Please ship to this address:

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

Staple all receipts to the back of this form and return to the PTO treasurer’s box in the main office. You can also email the signed form with any receipts to [hiltonpto@gmail.com](mailto:hiltonpto@gmail.com). Receipts and/or explanation of items purchased along with your signature are required for reimbursement of expense or for us to purchase the desired items.

Note: Reimbursement checks are written on the 1st and 15th of each month.

FLIP OVER- MUST FILL OUT BACK

| Date | Vendor/Store purchased from | Description of purchase | Amount | Budget Category |
| --- | --- | --- | --- | --- |
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Amount Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Request Received (treasurer use only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check number(treasurer use only): \_\_\_\_\_\_\_\_\_\_\_\_

FundingAndReimbursementRequestAug2021