

BOTELLE PTO

Staff Request Form

Date submitted: _____

Submitted by: _____

Description of request: _____

If there is a particular merchant you would like to use or other special notes about the request, please provide details: _____

Anticipated cost: _____

Date needed: _____

PAYMENT DELIVERY

_____ I would like the PTO to purchase on my behalf.

_____ I would like the PTO to reimburse me.

PAYMENT DETAILS FOR REIMBURSEMENT REQUESTS

_____ Receipt attached.

_____ Pre-Payment Request. Receipt/documentation will be provided within 2 days of the date the payment is issued.

_____ Receipt not available. Please use this form as my testament that money has been will be used in the manner described above. I take full accountability for the funds received.

Signature of person submitting this request

APPROVED BY _____