

BOTELLE PTO

Payment Request Form

PAYMENT DETAILS

Date request submitted: _____

Submitted by: _____

Amount to reimbursed: _____

Make check payable to: _____

Event/Purpose: _____

APPROVED BY _____

PAYMENT DELIVERY

_____ Please send the check in to school to be sent home with my child.

_____ I will pick up the check. Please contact me when it is available.

_____ Please mail the check to: _____

_____ Other - Explain: _____

PAYMENT DOCUMENTATION

_____ Receipt attached

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

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

Signature of person submitting this request