SJPTO Expense Request for Reimbursement or Funds

Complete this form and turn it into the Principal for approval. Principal will forward to the SJPTO President and Treasurer.

Name: _____ Date: _____

I am: (select one)

- ☐ Faculty/Staff (Grade/Specialty):_____
- ☐ Executive Board (position): _____
- ☐ Parent

Write the total amount for budgeted item(s):

Total $_____

Reimbursement check payable to:

_____

Hand in completed form along with any receipts or invoices attached to the back to the principal through the weekly Friday Folder or drop at the Parish Center.

I would like my check:

- ☐ Mailed to me
- ☐ I will pick up from the office
- ☐ Sent home in the Friday Folder

Budget Item	Amount To Be Reimbursed
Student Treats	
St. Nick	
Easter	
Annual Fundraiser	
Expenses	
Parent Ed. & Programs	
Speaker	
Program for Students	
Hospitality	
PTO Hospitality	
Christmas Concert	
Spring Concert	
May Crowning	
Last Day of School	
Staff Appreciation	
Fall Conferences	
Spring Conferences	
Teacher/Staff App Week	
Christmas Staff Fund	
Admin Day Gift	
Principal Day Gift	
Misc. Gifts	
Staff Birthdays (Scrip)	

Budget Item	Amount To Be Reimbursed
Classroom Needs	
3K Preschool	
4K	
Kindergarten	
1st Grade	
2nd Grade	
3rd Grade	
4th Grade	
5th Grade	
Principal	
Art	
Library/Media	
Music	
Resource/Specialist	
Grant	
School Expenses	
Baccalaureate	
Science Olympiad	
Field Trips/Transport	
Catholic Schools Week	
Other (describe):	

_____

Total Check Amount: $_____

FOR OFFICE USE:

APPROVED BY: (Initial/Date Below as Approved)

Principal: ___ Y ___ N Date:_____

SJPTO President: ___ Y ___ N Date:_____

SJPTO Treasurer: ___ Y ___ N Date:_____

PAYMENT INFORMATION:

CK# _____ Date:_____

- After treasurer writes the check, place in green SJPTO folder.

- Checks to parents are mailed, picked up, or sent via the Friday Folder (if requested).

- Checks to staff are put in their office mailbox.