

# SIENNA CROSSING ELEMENTARY PTO

## EXPENSE REIMBURSEMENT & PAYMENT REQUEST FORM

REIMBURSEMENT SUMMARY		
Date of Request:	Requested by:	Phone #:
	Email:	

Check Payable to:	Total Amount Requested: \$
-------------------	-------------------------------

Delivery Instructions: i.e. Mail (include full address), Front Office pick up, Send Home with Student (include teacher name), etc.:

**\*PLEASE ATTACH ALL SUPPORTING DOCUMENTS** (Bills, Receipts, Invoices, Contracts, etc.)\*  
 REMEMBER THAT REIMBURSEMENT WILL NOT COVER SALES TAX\*

EXPENSE DETAIL		
Description <small>(including P.O.)</small>	Amount	Event, Purpose, Committee, Budget
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Amount Requested:</b>	<b>\$</b>	

\* In accordance with the Fort Bend Parent Organization Guidelines "When reimbursing an individual for purchase made on behalf of or for the exclusive use of an exempt organization, sales tax should not be reimbursed to that individual."

**ALL REQUESTS MUST HAVE A BOARD MEMBER SIGNATURE FOR APPROVAL BEFORE SUBMITTING TO TREASURER.**

<b>Authorization</b>			
Board Member Approval Signature:		Board Minutes Approval Date:	
		<small>(for amounts exceeding \$1,000)</small>	
<b>Treasurer Use Only</b>			
Date Paid:	Check #:	Amount: \$	990Code:

