



PTO

Request for Reimbursement

Requested by: _____

Date requested: _____

Check payable to: _____

Check amount: _____

_____ Put check in mailbox in DCMS office

_____ Mail check to:[name] _____

[address] _____

_____ Give check to: _____

Purpose of expense: _____

-
- Complete ENTIRE form
 - Attach ALL receipts or invoices
 - Full-time Teacher budget \$250/yr [i.e. \$50 x 5 classes/day=\$250]
 - Part-time Teacher budget \$50/class [ex. \$50 x 2 classes/day=\$100]
 - Principal budget \$500/yr
 - Assistant Principal \$250/yr
 - Treasurer will verify expenses are within budget
 - Please keep a copy for your records

Any questions about budgets, expenses, etc. can be sent to PTO Treasurer:

dcmsptotreasurer@gmail.com

For Treasurer use only:

Treasurer signature: _____ Date Paid: _____

Check # _____ Amount \$ _____