

**Mt Horeb PTO
FINANCIAL REQUEST FORM**

Request Type (check one): _____REIMBURSEMENT / _____INVOICE PAYMENT

Name of Requestor:	Request Date: __/__/____
Description of Expense Incurred:	Amount:
Signature of Committee Chair:	
Signature of Executive Board Contact:	
Related PTO budget line:	
Pay-To Name and Address to Send Payment:	

Please attach all receipts and return to the mailbox of the PTO Treasurer (ToniAnn Feeney) in the Mt. Horeb main office. All forms must be completed in their entirety, including authorization by the relevant Committee Chair, who is responsible for monitoring the expenses of the committee, and an Executive Board Member.

No payments will be made under a contract unless the contract is co-signed by a c0-PTO President (Stacy Sackett or Darby Finkelstein).

Requests must be submitted within 30 DAYS, unless PRIOR request for an extension is made for a reasonable and unavoidable delay.