**Fairview PTO**

**Reimbursement Voucher**

Use this form to request a refund for expenses you incurred or to request a check to pay a vendor. An invoice or receipt must be included for the PTO to issue a check.

**Instructions:**

* Please allow 5 days’ notice when requesting a check.
* Multiple receipts can be totaled and attached to one expense voucher form. Please ensure that you have all receipts included as the PTO cannot issue a check until the receipts are received. Do not mix receipts for different committees.
* Use our tax exempt letter for every purchase. We cannot reimburse you for sales tax.
* The committee chair is responsible for ensuring that the committee stays within the budget. Please contact the treasurer or co-presidents with any questions regarding the budget before making purchases.
* The committee chair is responsible for verifying their transactions are correct in the treasurer’s report.

**Please select your committee from the list:**

|  |  |  |
| --- | --- | --- |
| 5th Grade Activities | 5th Grade Musical | Back-to-School Picnic |
| Birthday Books | Boo Bash | Coolest School |
| Dine and Share | Fairview Cares | Fairview Folders |
| Fall Fundraiser | Family Hoops Night | Field Day |
| Field Trip | Gifts to Faculty | Helping Hands |
| Insurance | Leaping into Literature | Math Night |
| Nurse Fund | Office/Mailing Expenses | School Supply Packs |
| School Spiritwear | Science Fair | Special Lunch |
| Spring Flower Sale | Student Arts &Enrichment | Teacher Appreciation |
| OTHER (Please explain) |  |  |

**Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date payment is needed (if applicable when paying vendors):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payable To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delivery Method:**  Fairview Student Mail Other

Delivery instructions (child’s teacher, address, or other information):

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**\*\*Please include itemized expenditures on the back of this page.**

**Itemized Expenditure(s):**

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