

SCHOOL YEAR: 2018-2019

TODAY'S DATE:		REQUESTED BY:			
**Please ensure all receipts for reimbursement are attached to this form. No payment will be made without receipt/supportive documentation for outsourced bookkeeper.		CONTACT INFO:			
				(Phone, text, or email)	
Description of Request:		**Shared Teacher Expenses MUST list all names & amount towards each teacher		(If Applicable) Committee Name to be Expensed	Amount:
		TOTAL AMOUNT DUE:			
PAYABLE TO:					
MAILING/DELIVERY ADDRESS:					
PUT IN BOX:					
Requested by:		Review & Approved by:			
Signature Required				FOPR PTO Committee Chair Signature	
Date:		Date:			
FOPR TREASURER ONLY:					
Check #:		Check Date:			
Date Mailed:		Approved:			

**Reimbursements will be processed
2 weeks from receipt**