

TODAY'S DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

**\*\*Please ensure that all receipts for reimbursement are attached to this form.  
No payment will be made without receipt!**

CONTACT INFO: \_\_\_\_\_

(Phone, text, or email)

Description of Request:

**\*\*If a shared teacher expense list  
all names & amounts**

(FOPR PTO USE ONLY)

Budget Category:

Amount:


TOTAL AMOUNT DUE:

PAYABLE TO: \_\_\_\_\_

MAILING/DELIVERY ADDRESS:

PUT IN BOX:

Requested by: \_\_\_\_\_

Signature Required

Approved by: \_\_\_\_\_

FOPR PTO Board Member

Date: \_\_\_\_\_

Date: \_\_\_\_\_

FOPR TREASURER ONLY:

Check #: \_\_\_\_\_

Check Date: \_\_\_\_\_

Date Mailed: \_\_\_\_\_