



Budget Class: _____

2025-2026 SAINT TIMOTHY CATHOLIC SCHOOL PTO REIMBURSEMENT REQUEST FORM

All Saint Timothy School PTO expenditures must be included in an approved STS PTO budget or individually approved by the STS PTO board and documented in writing to be eligible for reimbursement. Original receipts or invoices must be included with all reimbursement requests. Requests that do not meet these requirements cannot be reimbursed.

Date: _____ Invoice or Receipt #: _____ Amount of Reimbursement Request: _____

Purpose of Expenditure: _____

Make Check Payable To: _____ Email Address: _____

Contact Phone: _____ Mailing Address: _____

Mail to the Above Address (Y/N): _____ Pick up at STS office (Y/N): _____ Send Home (child name/class): _____

Payment Requested by: _____ Signature: _____

This section will be completed by the STS PTO

PTO Treasurer	All	Tracy Nguyen	_____	SIGNATURE	_____	DATE
PTO President	\$>\$100	Ihuoma Abiamiri	_____	SIGNATURE	or	EMAIL APPROVAL
Principal	\$>\$500	Michael Pryor	_____	SIGNATURE	or	EMAIL APPROVAL
Pastor	\$>\$1000	Rev. David Meng	_____	SIGNATURE	or	EMAIL APPROVAL

TOTAL AMOUNT REQUESTED: _____