

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 STS PTO.

<b>PTO Treasurer</b>	<b>ALL</b>	<b>Tracy Nguyen</b>	_____		_____
			SIGNATURE		DATE
<b>PTO President</b>	<b>\$&gt;\$100</b>	<b>Ihuoma Abiamiri</b>	_____		_____
			SIGNATURE	or	EMAIL APPROVAL
<b>Principal</b>	<b>\$&gt;\$500</b>	<b>Michael Pryor</b>	_____		_____
			SIGNATURE	or	EMAIL APPROVAL
<b>Pastor</b>	<b>\$&gt;\$1000</b>	<b>Rev. David Meng</b>	_____		_____
			SIGNATURE	or	EMAIL APPROVAL

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_