

Budget Class: _____

SAINT TIMOTHY SCHOOL PTO PAYMENT REQUEST APPROVAL FORM

All STS PTO expenditures must be related to and included within a STS PTO Board Approved Budget or individually approved in advance in writing by the STS PTO Treasurer to be eligible for payment or reimbursement.
All requests for payment or reimbursement must be accompanied by the attachment of original paid receipts and invoices that display the vendor's address.

REQUEST FOR PAYMENT :

Section must be fill out by the individual requesting that a payment be made to a vendor or by the individual requesting reimbursement.

DATE _____ AMOUNT OF PAYMENT OR REIMBURSEMENT REQUEST _____

INVOICE or RECEIPT # _____

MAKE CHECK PAYABLE TO: _____

ADDRESS _____

CONTACT PHONE NUMBER: _____

MAIL TO THE ABOVE ADDRESS _____ or PICK UP STS OFFICE _____ or TO CLASSROOM _____ Room # _____

PURPOSE OF EXPENDITURE _____

PAYMENT REQUESTED BY: _____
Print Name Signature

SIGNATURE REQUIREMENTS - see Authority Guidelines

STS PTO TREASURER	All	Michelle Kabadi	_____	Signature
STS PTO PRESIDENT	If Other exp> \$100	Ila Pilon	_____	Signature
or			_____	Signature
STS PTO VICE PRES.		Kristin Spillane	_____	Signature
			_____	Signature
PRINCIPAL	If Other exp> \$500	Joseph McLaughlin	_____	Signature
			_____	Signature
PASTOR	If Other exp> \$1000	Fr. David Meng	_____	Signature
			_____	Signature

All email approvals must be attached to this Payment Request Approval Form

TOTAL \$ _____