

# AC FLORA PTSO

## Request for Funding/Reimbursement

Amount Requested: \$ \_\_\_\_\_ (must attach receipts or invoice totaling amount requested)

Make Check Payable to: \_\_\_\_\_

Forward check to (check one):

\_\_\_\_\_ School Front Office (to be picked up by person requesting funds)

\_\_\_\_\_ Mail check to: \_\_\_\_\_

Deadline, if any (insert date - Please do not write "ASAP"): \_\_\_\_\_

Brief Explanation for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Person Requesting Funds

\_\_\_\_\_  
Date

.....

Approval: (Must be signed by either the PTSO President or the Principal)

\*If amount exceeds \$250, approval is required by both the PTSO President and Principal.

\_\_\_\_\_  
PTSO President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
PTSO Budget Account(s) to be charged

\_\_\_\_\_  
PTSO Treasurer

\_\_\_\_\_  
Date

NOTE: THIS FORM MUST BE COMPLETED IN FULL, RECEIPTS ATTACHED AND THE NECESSARY SIGNATURE OBTAINED BEFORE REIMBURSEMENT CAN BE MADE.