



Salem School District PTO

Funds Request Form 2018-19 School Year

Date: _____ Requestor: _____

Phone Number: _____ Email: _____

Expense or Event: _____

Purpose of requested funds: _____

Make Check Payable to: _____
Mailing Address or _____
Delivery Method: _____
Amount: _____

Requirements for Reimbursement:

- 1) All reimbursements must have approval from the Principapl and the Salem PTO board members prior to purchase.
- 2) Make sure to include all receipts with this form.
- 3) All reimbursement requests must be submitted 30 days from date of purchase.
- 4) A check will be delivered per instructions above once processed.

Reimbursement Approvals:

Dr. Eileen Hanson - Principal

PTO Treasurer Signature/Date

PTO Board Member Signature/Date