



REIMBURSEMENT/PAYMENT REQUEST

Date requested _____

Activity/Event _____

Requested by _____

Date of Activity/Event _____

Amount \$ _____

Check one: ___ Reimbursement for Purchase Made ___ Payment Request

Make check payable to _____

Address and phone are NOT usually* needed for teacher or staff payments.

Address _____

Phone _____

Description of purchase: _____

REIMBURSEMENTS - Attach all receipts to this form.

PAYMENT REQUEST - Attach the invoice or cost estimate to this form, and include the vendor's address and phone number if PTO is to pay the vendor directly.

Submit requests through the PSI office or directly to PTO Treasurer (address below).

Allow 2-3 weeks for response (longer during school break).

*include address if submitting request during school break.

Questions? Call Andrea Snook at 952-836-1971 or email psiptotreasurer@gmail.com.

Andrea Snook - 3725 Huntington Avenue - St. Louis Park, MN 55416

Reviewed by: _____
Check #: _____
Date: _____