



PSIPTO

Park Spanish Immersion
Parent Teacher
Organization

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 Beth Rich at (612) 201-6345 or email psiptotreasurer@gmail.com

Beth Rich – 2348 Parkwoods Road, St. Louis Park, MN 55416

Reviewed by:	_____
Check #:	_____
Date:	_____