

Horn PTO Request for Payment

**Procedures:**

* Complete the form in its entirety. No payments will be issued without a form.
* Attach original receipts to form if items have already been purchased. Credit card statements will not be accepted. Attach an invoice if payment is to be mailed to a vendor.
* On each receipt, circle amounts to be reimbursed in ink. All circled amounts should total the amount recorded on this form. Please ensure totals are accurate.
* Make and keep a copy of your receipts for your own records.
* Place this request (with all supporting documentation) in the PTO Treasurer’s mailbox located with the teacher mailboxes next to the School Office.
* Approval for Requests in excess of $50 must be obtained from the appropriate PTO Vice President (for Committee reimbursements), or from Principal (for Faculty reimbursements). This approval should be obtained before submitting the form.
* Allow two weeks for payments to be processed.
* Remember to take tax exempt forms with you to present to vendors **before** finalizing your purchases. The PTO **cannot r**eimburse you for Texas State and Local Sales and Use Tax or for Texas State Hotel Occupancy Tax, as Horn PTO is exempt from these taxes. Access these forms at www.hornpto.org under PTO Information / PTO Forms. Please note that Horn PTO is not exempt from City/Local hotel taxes, and these will be reimbursed to you.
* **Please contact a PTO Board Member if you have questions.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Submitted By (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTO Committee Charged To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Expense (use boxes below, and/or write in other categories needed):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Postage | Copying | Registra-  tion Fees | Supplies | Rentals | Gifts | Prizes | Venue | Food | Total |
|  |  |  |  |  |  |  |  |  |  |

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description/Reason for Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payable To: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if check to be mailed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTO VP/PrincipalApproval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PTO Treasurer’s Use:**

Date Processed:\_\_\_\_\_\_\_\_\_\_\_\_\_Check#:\_\_\_\_\_\_\_\_\_\_\_Amount:$\_\_\_\_\_\_\_\_\_\_\_\_