

TODAY'S DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

*\*\*Please ensure that all receipts for reimbursement are attached to this form. No payment will be made without receipt!*

CONTACT INFO: \_\_\_\_\_  
(Phone, text, or email)

Description of Request:	**If a shared teacher expense list all names & amounts	(FOPR PTO USE ONLY) Budget Category:	Amount:

TOTAL AMOUNT DUE: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

MAILING/DELIVERY ADDRESS:

PUT IN BOX:

Requested by: \_\_\_\_\_

Signature Required

Approved by: \_\_\_\_\_

FOPR PTO Board Member

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**FOPR ACCOUNTING ONLY:**

Check #: _____	Check Date: _____
Amount of Check: _____	Check Preparer: _____