

SCHOOL YEAR: 2020-2021

TODAY'S DATE:			REQUESTED BY:	(Phone, text, or email)	
	<i>Ensure all receipts for payment are attached to this form. Payment will be made without receipt/supportive documentation for outsourced bookkeeper</i>		CONTACT INFO:		
Description of Request:			**Shared Teacher Expenses, MUST list all names & amount towards each teacher	(If Applicable) Committee Name to be Expensed	Amount:

TOTAL AMOUNT DUE:

PAYABLE TO:					
	MAILING/DELIVERY ADDRESS:				
PUT IN BOX: Y/N					
Requested by:	Signature Required		Date:		
Reviewed & Approved by:	FOPR PTO Committee Chair Signature		Approved by:	FOPR PTO President Signature	
Date:			Date:		

FOPR TREASURER ONLY:

Check #: Check Date:
 Date Mailed: Approved:

**Reimbursements will be processed
 14-21 days from receipt**