



Payment & Reimbursement Form

Please attach documentation to this form. Return to the Meadow Ridge PTO bin in the office workroom.
 Any questions, please email the **MDR PTO Treasurer** at mdrpto.treasA@gmail.com. Thank you!!

Date of request: _____ Amount Requested: _____

Make check payable to: _____

Event/Purpose: _____

Are these funds coming from the approved MDR PTO budget? yes no

→ See our current MDR PTO Budget on our website @ <http://mdrpto.weebly.com/>

Will payment be mailed directly to business or requester? yes* no

**If yes, please highlight mailing address from receipt *or* write in full mailing address here:*

- **MDR PTO needs to approve all purchases for payment/reimbursement. Otherwise, the requester may be responsible for covering the expenses.**
- **If funds requested go above budgeted amount, approval may take longer. The Treasurer will need approval from the President or at the next general membership PTO meeting.**
 → See our PTO Meeting schedule on our website @ <http://mdrpto.weebly.com/>
- **Please attach all receipts to this form. If a business is unable to provide an invoice prior to payment, please contact the Treasurer to confirm how receipt will be provided.**
- **MDR PTO will provide payment/reimbursement in the form of a check. We cannot provide a blank check.**
- **The check will be dropped off at school or mailed USPS within one week of receiving the written request when using budget-approved PTO funds.**
- **Checks have 90 days from issue date to be cashed/deposited.**
- **In order to replace a lost check, MDR PTO pays a \$34.00 bank stop fee. MDR PTO will cover half of the fee, requester pays the other half of the fee. If you later find the lost check after a replacement check was issued, *please return the original check to the Treasurer.* The IRS requires MDR PTO to account for all checks to avoid duplicate payments.**
- **MDR PTO will provide a payment/reimbursement check up to the last day of the school fiscal year (June 30th) for expenses occurring during the current school year.**

Person requesting: _____ Signature: _____

Email of requester if Treasurer has questions: _____



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FOR TREASURER'S USE ONLY

Payment issue date: _____ Check # _____ Amt: _____

Written to: _____

Charged budget category _____

Funds Approved from: _____ Budget _____ by President or PTO Meeting on ____ / ____ / ____

Payment delivered on: ____ / ____ / ____

Method of Delivery: _____ in person _____ school office _____ by mail

Treasurer's signature _____ Date: _____

Logged in checkbook _____