



# Cuthbertson High School PTSO

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## REIMBURSEMENT REQUEST FORM

Requestor's Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Vendor: \_\_\_\_\_

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

Address: (If to be mailed) \_\_\_\_\_

Purpose: \_\_\_\_\_

<u>Detailed Charges:</u>	Budgeted:	<u>Yes</u> <u>No</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Officer's Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name and Signature

Policy: All requests received will be processed and available Friday the following week. Original receipts must be attached for all reimbursement request. Otherwise, a purchase order or invoice with receipt to follow as soon as possible after purchase. Approval must be obtained from the PTSO Executive Board on all purchases before a check can be issued by the Treasurer. Failure to obtain approval may result in purchaser having to incur the expenses.

Treasurer's Use only:

Check Number:	Amount Issued:	Date Issued:	Date Recorded:
_____	_____	_____	_____