



Eanes Elementary PTO Grade Level & Department Funds Reimbursement & Order Request



Date: _____ Total Amount Requested: _____

Teacher/Staff Name: _____ Type of Request: Reimbursement _____

Grade Level/Department: _____ Order _____

Description of Expense: _____

Signature _____

Team Leader/Department approval
(required if > \$100) _____

REIMBURSEMENTS

- Remember:*
1. SALES TAX WILL NOT BE REIMBURSED.
 2. Attach ORIGINAL & DETAILED receipts.
 3. Submit within 30 days of purchase.
 4. Obtain necessary approvals.

Mailing Address: _____

City/State/Zip: _____

ORDER REQUEST

Provide COMPLETE ordering information; attach order forms, lists or printed online shoppings carts.

Vendor: _____ Date needed: _____

Vendor website: _____

Description (include size, color, etc.)	QTY	Item #/SKU	Item Price	Extended Price

Total Items _____

Shipping _____

Total \$ _____

Treasurer Use:

Grade Level/Dept _____	Payment Type _____
Total Amount _____	Payment Date _____
Entered in QB _____	Order Date _____