

SPHS PTSO Fund Request Form 2018-2019

Requestor Name: _____

Amount of request/purchase: _____

Date of purchase: _____

Please fill in the appropriate information:

Department Name: _____

Team Name: _____ **Team Leader:** _____

Club Name: _____

Description of item/business purpose: _____

Check appropriate form of payment below: A or B must be checked

A. Direct Payment to Vendor ()

*Must have original invoices - shipping labels may not be submitted in place of invoice)

Vendor Name: _____

Address: _____

Phone #: _____

B. Reimbursement () check payable to:

Name: _____

Address: _____

Phone number: _____

Email Address: _____

Please note:

- *Original Receipts or invoices must be attached to request payment. Reimbursement, packing slips or quotes are not acceptable.*
- *Incomplete forms will be returned to requestor.*

Thank you in advance for your support! SPHS PTSO