



## Payment Request / Transfer of Money Form

*This form can be used to request a reimbursement from the PTO or to transfer funds raised in fundraising activities to the PTO. Please complete the information below. Check reimbursements will be mailed to the address you provide.  
Please enclose form, receipts and/or fundraising proceeds in envelope and leave in PTO mailbox.  
Any questions or concerns, please email watchungptotreasurer@gmail.com. Thank you!*

|                            |                      |
|----------------------------|----------------------|
| Today's Date _____         | Committee Name _____ |
| Event / Activity _____     | Date of Event _____  |
| Your Name _____            | Email _____          |
|                            | Phone _____          |
| Your Mailing Address _____ |                      |

### PAYMENT REQUEST

Attached are receipts and/or vendor invoices (highlight or circle total on each)

**Total amount requested:**

*Internal Use Only*

|                                  |                                      |
|----------------------------------|--------------------------------------|
| \$      Reimbursement for myself | Payment Type (Check #, BP, DC) _____ |
| \$      Payment to vendor        | Payment Date _____                   |
|                                  | Payment Amount \$ _____              |

Vendor Name (if applicable) \_\_\_\_\_

Vendor Mailing Address (if applicable) \_\_\_\_\_

### FUNDRAISING ACTIVITY

Enclosed is cash

Enclosed are checks

|  |   |
|--|---|
| <p>#</p> <p>\$ 1's    = \$ _____</p> <p>\$ 5's    = \$ _____</p> <p>\$ 10's   = \$ _____</p> <p>\$ 20's   = \$ _____</p> <p>(other bills) = \$ _____</p> <p>Coin Total    = \$ _____</p> <p>                  = \$ _____</p> | <p>Total number of checks _____</p> <p>Total \$ of checks _____</p> |
|--|---|

*Internal Use Only*

Receipt of \$ \_\_\_\_\_ funds

Date of deposit \_\_\_\_\_

### COMMENTS / NOTES:

*Please use reverse side if needed*