



# Fulton Elementary

## Request for Payment/Reimbursement Form

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_

Payment Amount Requested: \_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of the *original* invoice and/or all necessary receipts to the back of this form and place in PTO drawer found within the Fulton Workroom.**

**Submitted by:**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Team Lead Signature: \_\_\_\_\_  
(if applicable)

**PTO Verification by:**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

.....

Payment Type \_\_\_\_\_ check # \_\_\_\_\_

\_\_\_\_\_ Debit/authorized by \_\_\_\_\_

Account to be withdrawn from:

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Library

\_\_\_\_\_ Principal's Account

\_\_\_\_\_ PTO General Fund

\_\_\_\_\_ Art Masterpiece

\_\_\_\_\_ Yearbook

\_\_\_\_\_ Science Fund

\_\_\_\_\_ Music

\_\_\_\_\_ PE

\_\_\_\_\_ Other