

**PERSHING PTO
PAYMENT / REIMBURSEMENT REQUEST**

Date: _____ Amount due: _____

Submitted by: _____ Phone #: _____

Email: _____

Make check payable to: _____

Mail check as per attached invoice instructions: _____

(OR)

Mail check to: _____

Address: _____

City: _____ ST: _____ ZIP: _____

(OR)

Leave in school mailbox (if for staff member): _____

Committee or Budgeted Line Item: _____

Description of Expenditure: _____

Please attach receipt(s) to back of this form and place in Treasurer folder in the office.

For Treasurer's use only

Date Paid: _____ Check # _____