

**2011-2012 PERSHING PTO  
PAYMENT/REIMBURSEMENT REQUEST**

Date: \_\_\_\_\_ Amount due: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**Mail check as per attached invoice instructions: \_\_\_Yes \_\_\_No  
(OR)**

**Mail check to:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

2011 2012 Budgeted Line Item: Yes: \_\_\_ No: \_\_\_

Budget/Committee Name: \_\_\_\_\_

Description of Expenditure: \_\_\_\_\_

\_\_\_\_\_

If Teacher/School Payment/Reimbursement Request, Ms Lowe **must** sign:

Ms Lowe: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach invoice or receipt(s) to the back of this form, scan the form and receipts to [bgilliard@texascitizensbank.com](mailto:bgilliard@texascitizensbank.com). Or place in the Treasurer's folder in the credenza in the School Office behind the reception area. Allow two weeks for receipt of check at the address noted.

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**For Treasurer's use only**

Input to Bill Pay: \_\_\_\_\_ To Pay on: \_\_\_\_\_

Check Confirmation/Number: \_\_\_\_\_ Date: \_\_\_\_\_