

PTO CHECK REIMBURSEMENT PROCEDURES:

1. All reimbursement requests should be prepared using the CHECK REQUEST Form (page 2 of this document).
2. Please fill out the form COMPLETELY and Accurately. Add a complete mailing address for where the check is to be sent. For example, if the check is to be made to a performer, but you are going to hand the check to them after the performance, please put YOUR address, not that of the performer.
3. If you are submitting multiple reimbursement receipts, please fill out a separate CHECK REQUEST form for each committee to be charged. For example, beautification and staff appreciation should be on different request forms.
4. Third party vendors (i.e. Museum of Science, Young Audiences or any other vendor that is willing to provide services/products without up-front payment) still require that you submit a CHECK REQUEST along with their original invoice. Treasurer can pay them directly, but need the CHECK REQUEST to indicate that you have authorized the service and/or obtained the product.
5. ENCLOSE RECEIPTS FOR ALL REQUESTS. If the request is for a deposit on a performance or a future service, please put something in writing to confirm the amount of our liability.
6. Weston PTO is a non-profit organization and exempt from state sales tax. Our tax exemption # is 042-658-459. Staples (a/c #5000-716-141) has our tax exempt information on file. Check with other vendors on their respective policy for allowing tax exempt purchases. Let me know if you need a copy of our tax exempt letter.
7. Please submit **CHECK REQUEST FORMS WITHIN 90 DAYS** of the incurred expense. Checks are sent out twice/month. If the payment is more immediate, please call me and I will try to accommodate you sooner. Also please cash your check when you receive it. Bank will automatically make a stop payment automatically if not cashed within 90 days.
8. MAIL THE COMPLETED CHECK REQUEST to:
Diana Jackson
195 Boston Post Road
Weston, MA 02493
dianahjackson@yahoo.com

PTO WESTON CHECK REQUEST

Mail to: Diana Jackson 781.373.2687
195 Boston Post Road, Weston, MA 02493 dianahjackson@yahoo.com

FROM: _____ DATE: _____

Please issue PTO check as follows:

Name of payee: _____

Mail to: _____

E-mail: _____ Phone Number: _____

Amount: _____

Description of expenses: _____

Charge to specific school or committee below:

School (Please select both school & category for expense)

- | | |
|--|---|
| <input type="checkbox"/> Country School | <input type="checkbox"/> Beautification |
| <input type="checkbox"/> Woodland School | <input type="checkbox"/> Faculty-Staff Appreciation |
| <input type="checkbox"/> Field School | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Community Events |
| <input type="checkbox"/> High School | <input type="checkbox"/> Discretionary |
| | <input type="checkbox"/> High School Graduation |
| | <input type="checkbox"/> Freshman Class Support |
| | <input type="checkbox"/> Other _____ |

Committee

- | | |
|---|--|
| <input type="checkbox"/> Calendar – Directory | <input type="checkbox"/> Membership |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Green |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Parent Ed |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> President’s Discretionary |
| <input type="checkbox"/> Looking at Art | <input type="checkbox"/> Science & Math |
| <input type="checkbox"/> Performer | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other _____ | |

Chair Signature (if required) _____

DO NOT WRITE BELOW LINE – TO BE COMPLETED BY PTO TREASURER

Date Paid _____ Check no. _____