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. 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.

5. Weston PTO is a non-profit organization and exempt from state sales tax. Our tax exemption number is 042-658-459. Check with vendors on their respective policy for allowing tax exempt purchases. Let me know if you need a copy of our tax exempt letter.

6. Please submit **CHECK REQUEST FORMS WITHIN 90 DAYS** of the incurred expense. Please be aware that checks sent directly from the bank tend to look like junk mail, so be on the lookout. Also, please cash your check when you receive it. The bank will automatically make a stop payment automatically if not cashed within 90 days.

7. If a check is being submitted by someone other than the PTO board member who is directly responsible for a designated budget, then please ask them to get your approval and attach it to the check request. The approval can be as simple as copying the board member on the e-mailed check request when submitted for payment.

8. MAIL or E-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, 195 Boston Post Road, Weston, MA 02493
E-Mail to: 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)

- ☐ Country School
- ☐ Woodland School
- ☐ Field School
- ☐ Middle School
- ☐ High School

- ☐ Beautification
- ☐ Faculty-Staff Appreciation
- ☐ Hospitality (parent coffees/refreshments for events)
- ☐ Community Events
- ☐ Discretionary
- ☐ High School Graduation
- ☐ PTO Book Prizes
- ☐ Freshman Class Support
- ☐ Back To School Night
- ☐ 3d / 5th / 8th Grade Celebration (circle one)
- ☐ Other _____

Committee

- ☐ Membership
- ☐ SEPAC
- ☐ Community Outreach
- ☐ PAAC (was creative arts)
- ☐ Communications

- ☐ Family Engagement
- ☐ Green
- ☐ Parent Ed
- ☐ President's Discretionary
- ☐ STEM

- ☐ Other _____