



FUNDING/REIMBURSEMENT REQUEST

Date requested _____ Requested by _____
Date needed _____ Grade or Activity _____

Amount \$ _____

Check one: Reimbursement for Purchase Made Funding Request

Make check payable to _____

Address and phone are NOT usually needed for teacher, staff or Amity payments.

Address _____

Phone _____

Description of purchase: _____

REIMBURSEMENTS – Please attach the receipt of purchase(s) to the back of this form.

FUNDING REQUEST – Please attach the invoice or cost estimate to the back of this form, and include the vendor’s address and phone number if PTO is to pay the vendor directly.

Submit requests through the PSI office or directly to PTO treasurer Andrea Snook (address below).

Please allow two weeks for response.

Reviewed by _____
Check # _____
Date _____

Questions? Call Andrea Snook at 952-836-1971 or email asnook@comCast.net

Andrea Snook – 3725 Huntington Avenue - St. Louis Park, MN 55416