**PALM VALLEY ACADEMY PTO**

**REIMBURSEMENT REQUEST POLICIES**

**Policies**

1. Please make sure you filled out an expense request form prior to submitting this reimbursement form. All expense requests must be submitted to treasury for approval prior to purchase.  Any reimbursement request that does not have prior expense request approval will be denied.
2. Payment reimbursement must be submitted no later than one week after event date to qualify for reimbursement from PTO.
3. Treasury will process all reimbursement request within one week from the date of submittal.
4. Any expense(s) greater than $250 must be purchased by the PTO.  No personal card charges can be used for amounts greater than $250.
5. All expense request and reimbursement request are to be emailed to the PTO Treasury email at treasurer@pvapto.org.
6. Reimbursement request must include all receipts for expenses.  Any purchases missing receipts will not be reimbursed.
7. Handling of Special Cases
	1. We understand there maybe times where purchases will need to be made the day of the event. Any expense request needed the day of the event must have the approval of a Treasurer. In the event a Treasurer is not available, either the current President or a Vice President may approve the request.
	2. Once the approval has been given, an email needs to be sent to the PTO treasury inbox (treasurer@pvapto.org) notify the treasurers of the following: item(s), vendor, cost, who approved the request, associated event, who made the purchase and how the item was purchased (i.e., personal card or PTO debit card/Amazon account).
	3. A reimbursement request (if needed) will still need to be filled out to receive reimbursement for the purchase.

\*Reimbursement form is below.

**PALM VALLEY ACADEMY PTO**

**REIMBURSEMENT REQUEST**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number/ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check Payable To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| Date | Description | Amount $ |
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 **TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Receipt(s) totaling the amount of reimbursement must be attached\***

**I certify the above expense amount is for official PTO expenses and supplies.**

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_**