



**KLES PTO REIMBURSEMENT & DISBURSEMENT REQUEST 2022-2023**

**\*REIMBURSEMENTS AND DISBURSEMENTS OVER \$200 MUST BE APPROVED BY PRINCIPAL\***

LEAVE CHECK AT KLES FOR: \_\_\_\_\_ OR MAIL TO: \_\_\_\_\_

Please provide an email address we can contact you at if we have questions: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

REQUESTED AMOUNT: \$ \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
(PLEASE PRINT NAME) (PRINCIPAL IF OVER \$200)

\_\_\_\_\_  
SIGNATURE PTO PRESIDENT or DIRECTOR OF FINANCE

**\*ALL APPROPRIATE SIGNATURES ARE REQUIRED FOR PAYMENT. ALL RECEIPTS MUST BE ATTACHED TO THE TOP LEFT CORNER OF THIS FORM\***

**FOR DIRECTOR OF FINANCE'S USE ONLY**

Budget category: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Date Posted: \_\_\_\_\_

PAID BY: Check: \_\_\_\_\_ (Check No.: \_\_\_\_\_) Debit Card: \_\_\_\_\_ PayPal: \_\_\_\_\_  
Reimbursement: \_\_\_\_\_ Disbursement: \_\_\_\_\_