

REIMBURSEMENT PROCEDURES:

1. All reimbursement requests should be prepared using the CHECK REQUEST form.
2. Please fill out the form COMPLETELY. I need 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, I will need YOUR address, not that of the performer.
3. Third party vendors (i.e. Dragon Books, 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. I can pay them directly, but I still need a CHECK REQUEST to indicate that you have authorized the service and/or obtained the product.
4. ENCLOSE RECEIPTS FOR ALL REQUESTS. If the request is for a deposit on a performance or a future service, I still need something in writing to confirm the amount of our liability.
5. Mail the completed check request to **Tina S. Chartrand, 673 Wellesley St., Weston, MA 02493**. I usually (depending upon the volume) print checks about twice/month. If the need is more immediate, please call me and I will try to accommodate you sooner. My number is 781.235.9043, or Email: tinachartrand@comcast.net
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) and **i-Party** (Natick store only) have our tax exempt information on file but you must pay by cash or Weston PTO check to have purchase exempt from sales tax. Check with other vendors on their respective policy for allowing tax exempt purchases. Let me know if you need a copy of our tax exemption letter.

PTO

Weston
Parent
Teacher
Organization

CHECK REQUEST

To: PTO Treasurer
From: _____
Date: _____

Please issue a PTO check as follows:

Name of Payee: _____
 Mail to: _____
 Amount: _____
 Charge to: _____ (Name of Committee/School)
 Description: _____
 _____ (Event, Items Purchased)
 Chair Signature _____ (If required)

PLEASE SUBMIT REQUESTS WITHIN 90 DAYS OF WHEN INCURRED IN ORDER TO BE REIMBURSED

Thank You!

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

Date Paid _____ Check No. _____ Expense Category _____