



2025-2026



**Killlearn Lakes Elementary PTO
Reimbursement/Disbursement Request Form**

Reimbursements and disbursements over \$1,000 must be approved by the school principal.

Leave check at KLES for:

-OR-

Mail to:

Please provide an email address where
we can contact you if we have questions:

Date: _____

Payee: _____

Requested amount: \$ _____

Reason for request: _____

Submitted by: _____

(Print name)

(Signature)

Approved by: _____

PTO President **-OR-**
Director of Finance

School principal
(if amount is over \$1,000)

****All appropriate signatures are required for payment. All receipts must be attached to this form.****

DIRECTOR OF FINANCE USE ONLY

Budget category: _____

Date paid: _____ Paid by: Check (# _____) **-OR-** Debit Card

Date posted: _____ Reimbursement / Disbursement (circle one)