

Check #: _____
 Check Amt: _____
 Check Date: _____

2018-2019 Skyline PTO - Staff Reimbursement Request Form

Please complete the applicable shaded boxes of this form AND attach all supporting receipts and/or invoices.

| Mark One | Teacher/Staff - Classroom Supplies | | Budget |
|----------|------------------------------------|--------------|--------|
| | Kindergarten | Bennett | \$ 200 |
| | Kindergarten | McLaughlin | \$ 200 |
| | Kindergarten | Killeen | \$ 200 |
| | Kindergarten | Lisko | \$ 200 |
| | First | Katt | \$ 200 |
| | First | Stednitz | \$ 200 |
| | First | Stelk | \$ 200 |
| | Second | Clauson | \$ 200 |
| | Second | Scott | \$ 200 |
| | Second | Sorensen | \$ 200 |
| | Second | Weis | \$ 200 |
| | Third | Baumert | \$ 200 |
| | Third | Martinec | \$ 200 |
| | Third | Pepper | \$ 200 |
| | Fourth | Christiansen | \$ 200 |
| | Fourth | Hynek | \$ 200 |
| | Fourth | Crawford | \$ 200 |
| | Fifth | Harrell | \$ 200 |
| | Fifth | Ehle | \$ 200 |
| | Fifth | Hartvigsen | \$ 200 |
| | Fifth | Stoller | \$ 200 |
| | Art | Kelly | \$ 100 |
| | Counselor | Champion | \$ 100 |
| | HALE | Kramer | \$ 100 |
| | Media | Daly | \$ 100 |
| | Music | Smith | \$ 100 |
| | Nurse | Sibbersen | \$ 100 |
| | PE | Kempcke | \$ 100 |
| | Psychologist | Svec | \$ 100 |
| | Reading | Lentz | \$ 100 |
| | Special Ed. | Kalinski | \$ 100 |
| | Special Ed. | Lempka | \$ 100 |
| | Special Ed. | Kozeny | \$ 100 |
| | Special Ed. | Graeve | \$ 100 |
| | Speech | Grenfell | \$ 100 |

| Mark One | Other | Staff | Budget |
|----------|-------------------|---------|----------|
| | Technology/Media | Thomas | \$ 1,650 |
| | Books/Periodicals | Thomas | \$ 2,000 |
| | Principal Fund | Luebbe | \$ 1,500 |
| | Safety Patrol | Stoller | \$ 150 |

| | |
|-------------------------|----------|
| SUBMITTED BY: | |
| DATE SUBMITTED: | |
| AMOUNT REQUESTED | \$ _____ |

SIGNATURES OF APPROVAL:

**Grade Level Discretionary expenditures require the signature of each teacher in the grade.

PAYABLE TO:

(Staff reimbursements will be delivered to office mailboxes)

ADDRESS:

(To be used in case of remittance to a 3rd party vendor)

| Mark One | Grade Level Discretionary** | Budget |
|----------|-----------------------------|--------|
| | Kindergarten | \$ 400 |
| | First | \$ 300 |
| | Second | \$ 400 |
| | Third | \$ 300 |
| | Fourth | \$ 300 |
| | Fifth | \$ 400 |