

# Monarch Parent Teacher Student Organization (PTSO)

## Teacher Stipend Request

Teacher Name	
Department	
E-mail	

**Please attach all receipts showing proof of purchase. Total reimbursable is \$50.00 per teacher. Requests will be approved by PTSO Executive Board.**

Description	Amount
<b>Total</b>	<b>\$0.00</b>

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

PTSO Board Approval \_\_\_\_\_ Date \_\_\_\_\_

For Treasurer's Use:

Check Number	
Amount	
Date	