

**West Clay PTO Shop with Scrip Pre-Authorization Form
Used to Request Shop with Scrip Cards for PTO Purchases**

Date: _____ Amount of funds requested (see merchant list for \$ increments): \$ _____

**Please exclude sales tax – the West Clay PTO EIN should be provided to the merchant at time of purchase.*

Merchant/Vendor Name: _____

Description/purpose of funds request: _____

Requested by: _____

Phone: _____ and/or Email: _____

Expense category (please check one): _____

School Staff Funds

PTO Committee Funds

- ___ Art to Remember
- ___ Assistant Principal Fund
- ___ Author Visits
- ___ Birthday Books
- ___ Book Fair
- ___ Counselor Convocation
- ___ Counselor Fund
- ___ Field Trips
- ___ Intervention
- ___ Non-budgeted
- ___ Principal Fund
- ___ Reading Incentives
- ___ School Pictures
- ___ Speakers
- ___ Spell & Math Bowl Registration

- ___ Staff Conferences
- ___ Student Art Work Display
- ___ Substitute Teacher Fund
- ___ Teacher Classroom Fund
- ___ Teacher Subscriptions

- ___ 5th Grade Recognition
- ___ Back to School Party
- ___ Box Tops
- ___ Carnival
- ___ Family Fun Night
- ___ Field Day
- ___ Flower Sale
- ___ Hospitality
- ___ Kindergarten End of Year Party
- ___ Making Tracks Reward Party
- ___ Pastries with Parents
- ___ PTO Administrative
- ___ Room Parties
- ___ School Directory
- ___ School Musicals

Approved by _____
(Principal)
Date: _____

Approved by _____
(Committee Chair)
Date: _____

*All Scrip cards must be returned to the front office. The remaining balance should be noted on the card. Receipts must be remitted in the Treasurer's mailbox within 7 days of purchase.

To be completed by the Treasurer:

Date: _____ Total purchase amount: \$ _____ Card remaining balance: \$ _____

Receipt submitted? (Y/N) _____