



CHECK REQUISITION FORM

In order to receive PTO funds, please fill out this form, **attach receipts**, sign, and return to the PTO president via the PTO mailbox.

NAME: _____ DATE: _____

COMMITTEE: _____

Date of activity/program: _____

<u>Item(s) purchased</u>	<u>Store</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make check payable to: _____

_____ leave in PTO box **OR**

_____ mail to: _____

Signature of person requesting check: _____

Signature of PTO President: _____

ALL RECEIPTS MUST BE ATTACHED IN ORDER TO RECEIVE REIMBURSEMENT

TREASURER'S SECTION

CHECK # _____ DATE PAID: _____

BUDGET CLASSIFICATION: _____