



**RANDALL CARTER PTO ELEMENTARY SCHOOL
CHECK REQUISITION FORM**

*Please leave **signed** request, **with receipts attached**, in the President's Folder*

Date: _____

Check # _____

Name: _____

Committee/Event: _____

Date of Purchase and/or Program: _____

ITEMS PURCHASED:

AMOUNT:

	\$
	\$
	\$
	\$
	\$
TOTAL AMOUNT	\$
PURCHASED	

Check Distribution: () Mail to Vendor () Leave in folder for pick up

Make Check Payable to:

Vendor Address: _____

Requisitioned by (signature): _____

PTO President (signature): _____

****ALL RECEIPTS MUST BE ATTACHED IN ORDER TO RECEIVE REIMBURSEMENT**

TREASURER'S USE ONLY:

Check # _____ Date Paid _____

Classification _____