

CHECK # _____

WAYNE COUNCIL OF PTOS CHECK REQUISITION FORM

Name: _____ Date: _____

Committee/Event: _____

Date of Purchase and/or Program: _____

Items Purchased:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Check Distribution: [<input type="checkbox"/>] Mail to Vendor [<input type="checkbox"/>] Leave in Folder for pick-up.
Make Check Payable to:
Vendor Address:

Signature of Person Requesting Check: _____

PTO President Signature: _____

ALL RECEIPTS MUST BE ATTACHED IN ORDER TO RECEIVE REIMBURSEMENT

TREASURER'S USE ONLY

Check #: _____

Date Paid: _____

Classification: _____