

**Wayne Valley High School PTO
CHECK REQUISITION FORM**

**** PLEASE KEEP COPIES OF ALL ITEMS submitted ****

Please fill out this form, attach receipts, sign your name and have Jessica Kroncke sign.

Send completed check reqs to **Maureen Machado 8 Keilana Drive** (mail or drop off)

YOUR NAME: _____ **DATE:** _____

YOUR Phone Number or Email Address: _____

COMMITTEE: _____

Date of Activity: _____ **Program:** _____

<u>Description: Item(s) purchased, store, \$\$ amount</u>
TOTAL: _____

Make check payable to: _____

Please check (X) one:

Leave in PTO Box ~OR~ Mail to: _____

Signature of Person requesting check:

Signature of PTO President:
(Jessica Kroncke)

(X) _____ (X) _____

ALL RECEIPTS MUST BE ATTACHED IN ORDER TO RECEIVE REIMBURSEMENT

TREASURER'S SECTION

CHECK # _____ DATE PAID: _____ BUDGET Class: _____