



CHECK REQUEST

Today's Date _____

Make check payable to: _____

Address (only if check is to be mailed) _____

City: _____ State: _____ Zip: _____

Phone: _____

Vendor	Receipt Date	Amount	Purpose	Expense to: <i>(see chart below)*</i>	PTO or School	Account # <i>(office only)</i>

* Expense to chart

1. PTO Gifts - Classroom and Specialists
2. Class Activities Fund
3. Buses/Field Trips
4. Arts and Enrichment
5. Teacher Wishlist
6. School Funds

Instructions:

1. Attach original receipts.
2. If check request relates to a fieldtrip, please attach the fieldtrip form
3. All requests must be submitted within 30 days of purchase
4. Complete and turn in to office

Request submitted by: _____

Approvals *(for office use only)*

School Principal: _____ Date: _____

PTO Treasure: _____ Date: _____