

CHECK REQUEST FORM RES PTO

NAME OF REQUESTER	PHONE () -
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EXPENSE CATEGORY (PLEASE SELECT ONE)			
	POPCORN		PRINCIPAL / EDU. ASSEMBLY
	CLASSROOM REIMBURSEMENT		PTO OPERATIONAL EXPENSES
	LIBRARY PURCHASES		SPECIAL EDUCATION EVENTS
	IMPROVEMENT - PTO APPROVED		STAFF APPRECIATION
	RAZ KIDS LICENSE		5TH GRADE TRIP
	SOCIAL EVENTS		OTHER / FUNDRAISER ACTIVITIES

EXPENSE DESCRIPTION (PLEASE PROVIDE DETAILS)

CHECK PAYABLE TO	DATE SUBMITTED / /
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MAILING ADDRESS OF PAYEE	TOTAL AMOUNT \$
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IF THIS IS A BILL THAT NEEDS TO BE PAID, PLEASE ATTACH THE BILL TO THIS FORM AND TREASURER WILL MAIL CHECK TO PAYEE

APPROVED BY (PTO OFICER)	DATE / /
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APPROVED BY (PTO OFICER)	DATE SUBMITTED / /
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FOR TREASURER'S USE ONLY

CATEOGRY		DATE
Check #		LOGGED DATE