

# Deretchin PTO Check Request Form

Check Payable To: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Check Requested By: \_\_\_\_\_

Committee: \_\_\_\_\_

Committee Chair Approval: \_\_\_\_\_

Executive Board Approval: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Merchant or Store	Amount
<b>Total</b>	<b>\$</b>

(Sales Tax will NOT be reimbursed)

## Instructions

- \* Submit form to Treasurer **after** attaining Committee Chair and Executive Board Approval Signatures
- \* Checks will be delivered to the requesting Committee PTO Folder
- \* Receipts must be submitted within 2 weeks of the expenditure
- \* Make a copy of your receipts. They will not be returned
- \* 2 week prior notice is required for any advance payments
- \* Cash Box requests need to be made 5 business days prior to the event

<p><b><u>Treasurer Use Only</u></b></p> <p>Received by Treasurer: _____</p> <p>Check #: _____</p> <p>Amount Paid: \$ _____</p>
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**Attach Original Receipts**