



# QUEEN OF APOSTLES CATHOLIC SCHOOL

## PTO Check Request Form



### **PRIOR APPROVAL**

**IS REQUIRED FOR ALL EXPENDITURES PRIOR TO REQUEST FOR REIMBURSEMENT AND FOR ALL CHECK REQUESTS**

Date of Request: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Function/Event: \_\_\_\_\_

Description for Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Disposition of Check:     Mail  
                                    Pick Up Check    Phone # to call for pick-up \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please attach 2 copies of the Receipt/Invoice**  
*ALL INVOICES AND RECEIPTS MUST ACCOMPANY THIS FORM.*

PTO Treasurer Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Allie L. Bernardo

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Mark Moran

**Please leave requests in the Treasurer's folder in the PTO mailbox located in the school office.**

PTO Post Date: \_\_\_\_\_