



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: _____

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: _____