



St. Clare Parent Teacher Organization {PTO}

Check Request Form

School Year 2016-2017

PLEASE SUBMIT YOUR FORM TO
ptotreasurer@stclareschool.net

Date:		Account Number#:	
Committee/Chair Name:		Check Amount:	
PTO Event/Project:			
Check Requested By:			
Send Home By Oldest Child:			
<input type="checkbox"/> Payment Direct to Supplier/Organization: {Staple Invoice, Bill, Remittance Stub or Letter to this Form}			
<input type="checkbox"/> Reimbursement: {Receipts Must Be Attached}			
<input type="checkbox"/> Advance: {All receipts must be submitted with an itemized list, no later than TWO weeks following function}			

Check Payable To: _____

Address of Payee: _____

Expense Explanation: _____

	Name/Vendor on Receipt	Receipt Date	Amount	Description
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		TOTAL		

COMMITTEE CHAIR SIGNATURE
PTO TREASURER SIGNATURE
PRINCIPAL SIGNATURE

FOR ADVANCE CHECK REQUEST, PLEASE READ AND SIGN BELOW:

I am requesting the above amount prior to incurring the expenses related to the planning or execution of the named event/project. After the event/project has completed, I will provide ALL the necessary receipts or invoices to the PTO Treasurer for actual expenses incurred no later than TWO (2) weeks after the event/project. I will either submit another check request form for any additional funds owed to me, OR I will reimburse the PTO for the amount not spent.

CHECK REQUESTER SIGNATURE & DATE