



# St. Clare Parent Teacher Organization {PTO}

## Check Request Form School Year 2017- 2018

PLEASE SUBMIT YOUR  
FORM TO  
[ptotreasurer@stclareschool.net](mailto: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