

ST. TIMOTHY PTO
CHECK REQUEST FORM
(Attach Receipts, Invoice, P.O.)

DATE: _____

CHECK REQUESTED BY: _____

AMOUNT REQUESTED: _____

REASON FOR REQUEST

CHECK PAYABLE TO: _____

ADDRESS _____

MAIL CHECK (YES OR NO) _____

SEND CHECK TO: _____

AUTHORIZATION

PTO TREASURER _____

PTO PRESIDENT (IF >\$100) _____

PRINCIPAL OR PASTOR _____

Type of Expense **AMOUNT OF CHARGE**

- Regular _____
- Script _____
- Special _____
- Craft Fair _____
- Run for Fund _____
- Original Works _____
- CYO _____
- Other _____

AMOUNT OF CHECK _____