

# SAINT TIMOTHY CATHOLIC SCHOOL PTO



## PTO Vendor Check Request

Please use this form to request a check made out to a 3<sup>rd</sup> party vendor. This form must be submitted to the PTO Treasurer no later than one week in advance.

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

Name of Vendor: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_

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

Date of Event: \_\_\_\_\_

### **Breakdown of Total Amount**

Item Description: \_\_\_\_\_

Amount: \_\_\_\_\_

Item Description: \_\_\_\_\_

Amount: \_\_\_\_\_

Item Description: \_\_\_\_\_

Amount: \_\_\_\_\_

**Total :** \_\_\_\_\_

Invoice Attached

Mail to payee

Receipt Attached

Will pick up at Finance Office

Contract Attached

Will pick up in School Office

W9 Attached (or previously collected)

Additional instructions: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

### **For Internal Use Only**

PTO President: \_\_\_\_\_

Request Number: \_\_\_\_\_

PTO Treasurer: \_\_\_\_\_

Check Number: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Committee Chair Name: \_\_\_\_\_

