SPRING STREET SCHOOL PTO

Check Request Form

Please use this form whenever a check from the PTO is required.

Requested by: _____ Date: _____

Amount*: _____ Date Check Required: _____
* tax cannot be reimbursed

For: Budgeted Items:
- ❑ Field Trip
- ❑ Teacher Reimbursement
- ❑ Fund Raiser, which one? _____
- ❑ Annual Event, which one? _____
- ❑ Other _____

Non-budgeted Items:
- ❑ Approved Financial Goals Request for Funds (completed and approved Request for Funds Form attached)
- ❑ Other _____

Description of Request:
_____
_____
_____
_____

Receipts must be submitted for all reimbursement. Please attach.

Pay to the order of: _____

Address: _____

_____

_____

Submit this completed form and receipts to the PTO Treasurer.

PTO Use Only:
Check #: _____ Date Paid: _____