

Roberts Elementary PTO

Check Request

(To be used for every check requested from PTO)

NOTE All receipts or invoices MUST BE ATTACHED in order to receive a reimbursement or payment.****

****Gift cards are not approved for reimbursement of payment.****

Your Name _____ Phone _____

Date Submitted _____

Project/Event _____

Budgeted **Yes or No** _____ Category _____

If NOT budgeted was money APPROVED at Meeting **Yes or No** _____ Date _____

Reason for Check

Check Amount _____

Date Check is Needed _____

Check Payable to _____

Instructions for reimbursement/payment

_____ Send home w/student (Name & Teacher) _____

_____ Leave in the Office (with whom or where) _____

_____ Given directly to _____

_____ Mail to Address _____

Check Issued by (PTO Treasurer) _____ Date _____

Supported by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Category/Sub-Account _____ Check # _____

Date _____ Logged _____