



North Stonington PTO Check Request Form

Name:

Date of Request:

E-mail:

Phone Number:

Type of Request (check one):

Amount Requested:

Which of the following is attached (check one)?

Reimbursement

Receipt (for reimbursement)

Payment Request

Bill (for payment request)

Invoice (for payment request)

Other

Reason for Amount Requested:

Make check payable to:

Address to Mail Check:

Signature of Requestor:

Date:

Section below for PTO use only

Approval of PTO Board Member:

Date:

Please select one of the following:

Date of Meeting where approved (if applicable):

Budget line item

Approved at PTO Meeting

Which budget line item are funds coming from ?

Approval of PTO Treasurer:

Date: