

Exploris Middle School PTO

CHECK REQUEST FORM

NAME OF COMMITTEE *(examples: Dance; Buildings & Grounds; Teacher Appreciation)*

NAME OF PERSON REQUESTING CHECK _____ DATE _____

PURPOSE OF EXPENDITURE *(please be specific)* _____

TOTAL REIMBURSEMENT AMOUNT: \$ _____ (SALES TAX AMT \$ _____)

Include Sales Tax

TO WHOM SHOULD CHECK BE PAID? *(ex. you or vendor name)*

NAME *(please print):* _____

ADDRESS OR SCHOOL MAILBOX _____

PHONE _____

*****PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC...*****

(Do not write below this line.)

AUTHORIZED BY:

PRESIDENT'S OR PRESIDENT ELECT'S SIGNATURE

TREASURER'S SIGNATURE

DATE _____

DATE _____

FOR TREASURER'S USE ONLY:

CHECK NUMBER: _____ DATE PAID: _____

COMMITTEE ACCOUNT CHARGED: _____