

ROBERTS PTO CHECK REQUEST

For Treasurer's Use
Date Received

Today's Date _____

PLEASE ATTACH A **COPY** OF THE INVOICE OR RECEIPTS THAT SUPPORT THIS REQUEST. CIRCLE AMOUNTS TO REIMBURSE.

NOTE: As a registered non-profit organization, the PTO cannot reimburse you for sales tax. Please use the tax-exempt certificate when making purchases. Or, if you do not, please subtract any sales tax amounts from your check request.

Budget Information

PTO Budget Fund to be Charged _____

Committee Chair Signature _____
(Required)

Check Information

Amount Requested \$ _____

Payable to _____

Expenditure Detail _____

Delivery Instructions (check one)

_____ Leave in Workroom Box: _____

_____ Tuesday Folder Child's Name: _____

Teacher/Grade: _____

_____ Mail Mailing Address: _____

Requester Information

Name _____

Phone Number _____

Email _____

Special Instructions _____

Please allow one to two weeks for payments to be processed.