

St. Clare P.T.O.

Check Request Form

Date: _____

Check to be issued to: _____

Address: _____

Amount: \$ _____

Account Name: _____

PTO Event or Project: _____

Expense Explanation: _____

Person Requesting check

PTO President or Treasurer Signature

For Advance Check Requests, please read and sign below:

I am requesting the above amount prior to incurring the expenses related to the planning or execution of the named event/project. After the event/project has completed, I will provide the necessary receipts or invoices to the PTO Treasurer for actual expenses incurred, and will either submit another check request form for any additional funds owed to me, or I will reimburse the PTO for the amount not spent.

Check Requester Signature & Date