

St. Clare Parent Teacher Organization (PTO)  
Check Request Form  
School Year 2011 – 2012

CK# Treasurer Fills Out

Date: <u>Date Voucher Is Submitted</u>	Committee Annual Budget: <b>**Treasurer Provides**</b>
Committee Name: <u>Name of Committee</u>	
Committee Chair Name: <u>Name of Committee Chair</u>	Previous Balance: <b>**Treasurer Provides**</b>
Check Requested By: <u>Name of Person Requesting Check</u>	Check Amount: <u>Amount Requesting</u>
PTO Event/Project: <u>Name of Event or Project</u>	Remaining Balance: <b>**Treasurer Provides**</b>
**Below list details of all funds submitted per check request. (This detail must be completed prior to Submission). Thank you in advance for your cooperation.**	

**Check To Be Issued To:** Whom The Check Should Be Written To

**Address:** Address Needed Only IF It Needs To Be Mailed By the PTO

Indicate To Be Sent Home With Oldest Child

**Expense Explanation:** Brief Explanation Of What The Reimbursement Is For

**Committee Chair Signature:** Committee Chair Signature Must Be Provided No Reimbursement Without.

	Name/Vendor on Receipt	Receipt Date	Amount	Description
1.	<b>**List The Names Of The Vendors Separately</b>	-	<b>**Total of Receipt**</b>	<b>**Brief Description**</b>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		<b>TOTAL</b>	S/B The Check Request Amount	

\_\_\_\_\_  
**PTO PRESIDENT SIGNATURE**

\_\_\_\_\_  
**PTO TREASURER SIGNATURE**

**FOR ADVANCE CHECK REQUEST, 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 ALL the necessary receipts or invoices to the PTO Treasurer for actual expenses incurred no later than ONE (1) week after the event/project. I 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**

St. Clare Parent Teacher Organization (PTO)  
 Check Request Form  
 School Year 2011 – 2012

CK# \_\_\_\_\_

Date: _____	Committee Annual Budget: _____
Committee Name: _____	
Committee Chair Name: _____	Previous Balance: _____
Check Requested By: _____	Check Amount: _____
PTO Event/Project: _____	Remaining Balance: _____
**Below list details of all funds submitted per check request. (This detail must be completed prior to Submission). Thank you in advance for your cooperation.**	

**Check To Be Issued To:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Expense Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Committee Chair Signature:** \_\_\_\_\_

	Name/Vendor on Receipt	Receipt Date	Amount	Description
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		<b>TOTAL</b>		

\_\_\_\_\_  
 PTO PRESIDENT SIGNATURE

\_\_\_\_\_  
 PTO TREASURER SIGNATURE

**FOR ADVANCE CHECK REQUEST, 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 ALL the necessary receipts or invoices to the PTO Treasurer for actual expenses incurred no later than ONE (1) week after the event/project. I 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