

WHITTIER PTO CHECK REQUEST FORM

Date Submitted: _____

Person Making Request: _____

Make Check Payable to: _____ Vendor (ATTACH INVOICE OR STATEMENT)
_____ Reimburse me (ATTACH RECEIPTS)

Name: _____

Address: _____

Phone: _____

PTO ACCOUNT TO BE CHARGED: _____

VENDOR:

ITEMS PURCHASED:

AMOUNT:

TOTAL: _____

Note: Reimbursement cannot be made without receipts attached. Reimbursements will usually take 5-7 business days to be processed.

FOR USE BY THE PRESIDENT & TREASURER:

Date Paid: _____

Check #: _____

President approval: _____

Treasurer Signature: _____