

# PTO Payment Request Form

Date: \_\_\_\_\_



Requester's Name: \_\_\_\_\_

If you are **not** employed by Cunha, please provide a contact number or email

If you are employed by Cunha, please indicate what type of funds you are using:  
(all checks will be dispersed to the mailboxes in the front office)

Department Funds \* \*\*       Elective Funds \*\*       Other

Individual Classroom Funds

\* Department Head initial here: \_\_\_\_\_

\*\* Principal initial here: \_\_\_\_\_

Please attach ALL receipts or invoices

Receipt/Invoice Issued By	Description of How Funds Were Used	Amount
<b># of Receipts or Invoices:</b>		<b>Total \$</b>

Make Check Payable To: \_\_\_\_\_

If check needs to be mailed,  
please provide mailing address: \_\_\_\_\_

For PTO Use Only			
all payments of \$200 or more require two authorized signatures			
All Receipts/Invoices Attached? Yes / No	Date Paid:	Check#	\$ Amount:

Signature: \_\_\_\_\_

Print Name of Authorized Signer #1

Signature: \_\_\_\_\_

Print Name of Authorized Signer #2