

Number
Date

SIDEWINDER PTO CHECK REQUEST FORM

Please attach all **original** invoices, receipts (back-up) documentation along with this form. Payments will not be made without proper documentation and authorization including completion of declining balance.

All checks will be mailed directly to the address indicated on the form, with the exception of reimbursement checks for DSMS Staff. Staff checks will be available in DSMS office.

Requested by: _____ Date Requested: _____

Make Check Payable to:

Name: _____

Address: _____

City/State/Zip: _____

Date Needed: _____ Amount of Payment: _____

Funds Used For: _____

Principal's Discretionary <input type="checkbox"/> Building Improvements <input type="checkbox"/> Classroom Supplies <input type="checkbox"/> Clubs/Competitions <input type="checkbox"/> Computers & Supplies <input type="checkbox"/> Continuing Ed <input type="checkbox"/> Library <input type="checkbox"/> Staff Recognition & Support <input type="checkbox"/> Student Awards <input type="checkbox"/> Volunteer Appreciation <input type="checkbox"/> Pass-Through Supplement	Pass Through Support <input type="checkbox"/> Sidewinder Camp <input type="checkbox"/> Gettysburg (7 th) <input type="checkbox"/> White House Dinner (7 th) <input type="checkbox"/> Decades Dance (8 th) <input type="checkbox"/> End of Year Event (8 th) <input type="checkbox"/> Teacher's Sunshine Fund	PTO Budget <input type="checkbox"/> Charitable Contributions <input type="checkbox"/> Donation Drive <input type="checkbox"/> Hospitality <input type="checkbox"/> Business Expenses <input type="checkbox"/> Planners <input type="checkbox"/> PTO Gifts to DSMS
---	---	--

Balance Remaining in Account:

Before Purchase	\$
Purchase	\$
After Purchase	\$

Before Purchase	\$
Purchase	\$
After Purchase	\$

Before Purchase	\$
Purchase	\$
After Purchase	\$

Principal: _____

PTO President: _____