



St. Theresa Catholic School
in Memorial Park

CHECK / PAYMENT REQUEST FORM – PTO

Pay to the order of:	Amount of Check (\$):
Select one: Mail to: <input type="checkbox"/> Pick up: <input type="checkbox"/>	Date Needed:
Receipts Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount:	Date:
Requestor (your name):	
Committee and Activity/ Grade and Classroom:	
Reason for expenditure:	
Signature of PTO Officer:	Date:
Signature of PTO Treasurer:	Date:

******* All signatures must be completed before submission for reimbursement *******

Budget Total:	
Actual Total:	
Finance Office Signature:	Date:

ATTACH INVOICE/RECEIPTS

Checks will not be written without a receipt or invoice
Taxes will not be reimbursed.

Note any special payment instructions or additional explanation below:

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