

REQUEST FOR PTO FUNDS

DATE: _____ ACCOUNT # _____

CHECK # _____

NAME/VENDOR: _____

AMOUNT: _____

PURPOSE: _____

ESTIMATED ITEMIZED EXPENDITURES: _____

APPROVED _____ NO _____

Principal or Designee

Date

PTO President or PTO Treasurer

Date

FOR OFFICE USE ONLY

Receipt Returned

Date

Amount

Cash deposited to PTO Account

Date

Amount