

DEVON PTO

CHECK REQUEST FORM

Attach all necessary receipts, if applicable. ORIGINAL receipts must be included for reimbursements. Please make a copy of your receipts for your records.

TODAY'S DATE: _____ AMOUNT REQUESTED: \$ _____

MAKE CHECK PAYABLE TO: _____

REQUESTED BY (if different from above): _____

CONTACT INFORMATION (phone or email): _____

COMMITTEE / PURPOSE: _____

DELIVERY INSTRUCTIONS FOR CHECK:

_____ MAIL CHECK DIRECTLY TO VENDOR

_____ DELIVER CHECK TO SCHOOL OFFICE

_____ MAIL CHECK TO MY HOME ADDRESS: _____

REQUESTER'S SIGNATURE: _____

*Completed Forms should be sent to the School Office to be placed in the PTO Mailbox:
ATTN: PTO TREASURER 400 S Fairfield Rd Devon, PA 19333*

For Treasure Use Only:

Paid Date: _____ Check Number: _____

Category: _____ Check Amount: \$ _____

Comments: _____

Approval: _____