

**St. Gabriel Consolidated School PTO
Check Request Form**

Date: _____

Submitted by: _____

Phone No. / Email Address: _____

Please attach receipts, invoices, and other documentation of expense

<u>PTO Budget Item</u>	<u>Description of Expense</u>	<u>\$ Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Amount of Check		_____

**Signature for Approval
(Principal/Committee Chair)** _____
Date

Check Payable to: _____

Send check to: _____

**Method of Delivery:
(kid mail/US mail/etc.)** _____

Comments or Instructions: _____

Please submit this form to: PTO Treasurer via the school office. It may take up to 2 weeks to process this request.

PTO Board Use Only

Check Number: _____

Date Check Issued: _____