

School Year 2021-2022

Shaull Elementary PTO Check Request Form

DATE OF REQUEST: _____

DATE CHECK NEEDED: _____ (ALLOW AT LEAST 2 WEEKS FOR PROCESSING)

PERSON REQUESTING: _____

E-MAIL: _____

PHONE NUMBER: _____

AMOUNT REQUESTED: _____ BUDGET ITEM: _____

CHECK PAYABLE TO: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

PTO PRESIDENT SIGNATURE: _____ DATE: _____

PLEASE STAPLE YOUR INVOICE/RECEIPT(S) TO THIS FORM. PLEASE KEEP COPIES FOR YOUR RECORDS UNTIL THE CHECK IS RECEIVED. **SALES TAX WILL NOT BE REIMBURSED.** PLEASE SEE MR. A OR A PTO BOARD MEMBER FOR A COPY OF THE PTO TAX EXEMPT CERTIFICATE. **IF YOUR CHECK REQUEST WAS NOT APPROVED IN THE BUDGET FOR THE CURRENT SCHOOL YEAR, YOUR REQUEST MAY NOT BE PROCESSED.** RETURN THE COMPLETED FORM AND ATTACHMENTS TO MR. A'S MAILBOX IN THE SCHOOL OFFICE FOR SIGNATURE. MR. A WILL THEN FORWARD TO THE PTO PRESIDENT FOR APPROVAL AND THEN FINALLY TO THE PTO TREASURER FOR THE CHECK TO BE ISSUED.

CHECK DISPOSITION:

- ☐ PLACE IN SCHOOL MAILBOX

NAME OF STAFF MEMBER: _____

- ☐ PLEASE MAIL

MAILING ADDRESS: _____

- ☐ SEND HOME IN MY CHILD'S SCHOOL BAG

TEACHER'S NAME: _____

CHILD'S NAME: _____

PTO USE ONLY

PTO TREASURER SIGNATURE: _____ DATE: _____

CHECK#: _____ AMOUNT: _____

CHECK DATE: _____ BUDGET ITEM/AMOUNT: _____