

# College Square PTO Check Request Form

<b>YOUR NAME:</b>		<b>PHONE:</b>	
<b>PROJECT/EVENT:</b>			
<b>DETAILED REASON FOR REIMBURSEMENT/PAYMENT:</b>			
<b>VERIFICATION (please check one that applies):</b>			
<input type="checkbox"/> Invoice(s) Attached	<input type="checkbox"/> Receipt(s) Attached		
* Please place multiple receipts in an envelope attached to this form			
<b>DATE SUBMITTED:</b>		<b>DATE MAILED:</b>	
		*PTO Officer only	
<b>METHOD OF DELIVERY REQUEST (please check one that applies):</b>			
<input type="checkbox"/> Leave Check in PTO Mailbox	<input type="checkbox"/> Mail to Vendor/Business	<input type="checkbox"/> Mail to Person Requesting Reimbursement	
<b>CHECK PAYABLE TO:</b>		<b>AMOUNT REQUESTED:</b>	
<b>FULL ADDRESS YOUR CHECK WILL BE MAILED TO:</b>			

<b>SIGNATURE OF PERSON REQUESTING:</b>

\*Receipt(s) totaling the requested amount for reimbursement/payment must be included with this form. Failure to do so may result in delay or denial of reimbursement/payment.

-----  
 For PTO Officer's Use Only:

<b>APPROVED &amp; VERIFIED BY</b> (min. of one signature required):		
President's Signature and Date:	Treasurer's Signature and Date:	
<input type="checkbox"/> Included in Annual Budget	<input type="checkbox"/> Approved at Meeting Date:	
<b>BUDGET CATEGORY</b>	<b>AMOUNT</b>	
1		
2		
<b>CHECK AMOUNT:</b>	<b>CHECK #:</b>	<b>CHECK DATE:</b>