



Check # _____
Date _____
Budget Classification _____
<i>for Treasurer's use only</i>

**ST. MONICA SCHOOL
PTO CHECK REQUEST
2017-2018 SCHOOL YEAR**

Date _____ Amount \$ _____

Treasurer to Mail

Place in PTO Folder

Payable to _____

Address _____

City/State/Zip _____

Requested by _____

Phone _____

Committee Name/Event _____

Description of Expense _____

Approval required: No receipts or backup, all cash requests, checks over \$150:

President: _____

Executive Vice President: _____

- Note:
- 1) Attach all receipts or invoices to the back of check request form.
 - 2) Sales tax will not be reimbursed. Tax Exemption Certification forms are available from the Treasurer, and on the PTO on the school website.

***FOR ALL RECEIPTS NOT SUBMITTED WITHIN THIRTY DAYS OF EVENT,
THANK YOU FOR YOUR GENEROUS DONATION TO THE ST. MONICA PTO.***