



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

**AUTUMNFEST  
PTO CHECK REQUEST  
2019-2020 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:**

Autumnfest Chair or Co-Chair: \_\_\_\_\_

PTO 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 tab 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.***