PTO Payment Request

Date: _____

Make Check Payable to: _____

Expense Category: _____

***Bills and/or Receipts attached for*:**

Description	Amount
Total	

Signatures*:** (person submitting request is responsible for getting Board Member's approval).***

_____ _____

Submitted By **Approved By (PTO Board Member other than Treasurer)**

_____

***Treasurer's Notes*:**

Date Received by PTO: _____

Date Paid: _____ **Check #:** _____ **Amount: $**_____