



Victory Elementary PTO
Check Request

Use this form to submit payment directly to a Provider from the PTO

Your Name: _____ Phone: _____

Committee/Event: _____

Date Submitted: _____

Date Needed: _____

Reason for Check: _____

Amount: \$ _____

Check Payable to: _____

Address of Payee: _____

Attach the invoice/bill to this form and the Treasurer will mail it. Please also attach a copy of the invoice/bill for recordkeeping purposes.

Obtain appropriate handwritten signature below prior to submitting to Treasurer:

Approved by _____ Date _____
 (PTO Officer/ Committee Chair other than requestor)

For Treasurer's Use Only

Accepted by _____ Date _____
 (PTO Treasurer)

Check #	Dated:	Total Check Amt:	Logged
Account allocation:			