



Victory Elementary PTO  
**Grade Level Grant Check Request**

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

Your Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Project: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Reason for Check: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

***Attach the bill to this form and the Treasurer will mail it.***  
**Obtain appropriate handwritten signature below prior to submitting to Treasurer:**

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 (PTO Officer/ Committee Chair)

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 (Principal)

TEAM Initials: \_\_\_\_\_

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For Treasurer's Use Only

Accepted by \_\_\_\_\_ Date \_\_\_\_\_  
 (PTO Treasurer)

Account	Check #	Dated	Total Check Amt	Logged
Notes				