

SKOKIE WASHBURNE PTO 2017-2018 CHECK REQUEST

Please complete Check Request clearly indicating to whom the check should be made payable (vendor or committee member for reimbursement). Send the Check Request with vendor invoices, contracts and/or receipts within 30 days after the event to **Nicole Rivera, PTO Treasurer, 1477 Edgewood Ln.** Payment/reimbursement will be made only on receipt of final invoice or sales receipts. Remember to use the tax exemption letter when making purchases because as a tax-exempt organization we cannot reimburse sales tax. If you have any questions, please contact – **Nicole Rivera@ 203-733-3653 or nicolerivera1477@gmail.com** Thank you!

Committee Name _____

Date Submitted _____

PTO Activity/Event _____

Phone # _____

Submitted By _____

Amount \$ _____

Make Check Payable to _____

Payment due date _____

Send check to _____

Address _____

DESCRIPTION OF PRODUCT OR SERVICE

QUANTITY	DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Invoices Attached _____

TOTAL AMOUNT \$ _____

Committee Chair Signature _____

PTO Co-Chair Signature _____

PTO Treasurer Signature _____

Account: _____ Check # _____ Date: _____ Amount _____