**SKOKIE WASHBURNE PTO 2021-2022**

**CHECK REQUEST FORM**

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 **Jennie Pastor, PTO Treasurer, 467 Provident Ave**. 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 **Jennie Pastor, 203-321-3027, jennie.pastor@gmail.com** Thank you!

Committee Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTO Activity/Event. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check Payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send check to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Payment due date \_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_