

Barrington PTO Check Request Form

Check # _____

Date Pd. _____

Use this form anytime you need a PTO Check to:

* be reimbursed for a PTO expense

* be reimbursed through the Mini Grant program

VENDOR QUOTE, PURCHASE ORDER or RECEIPT(S) must be attached.

Today's Date _____ -

Person requesting check _____

Date Check Needed _____

Check Amount \$ _____

Make Check Payable to: _____

_____ (address)

_____ (city, state, zip)

Should this check be sent:

_____ Directly to vendor/payee

_____ To person requesting check

Committee Budget to be Charged _____

Subcommittee to be Charged _____

Explanation of Expense _____

Chair or Principal Approval _____

*Return this form to PTO Treasurer:
(or leave it in the Treasurers'
envelope in the Aides' room)*

*Leslie Heath
2035 Tremont Rd
Columbus, Ohio 43212
Phone: 486-6024*