

Dr. John Hole PTO

Check Request

COVID-19 Restrictions

To minimize touch points, please complete this form, scan your paperwork and/or receipts and email them to johnholeptotreasurer@gmail.com.

utilize this form when requesting that a vendors bill needs to be paid with PTO monies when no Purchase Order is needed. **Bill must be attached** in order for check to be written and disbursed.

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Full Address _____

Project/Category _____ Amount\$ _____

Reason for Check _____

Included in annual budget

Approved at meeting **must have PTO Officer approval signature below**

BILL(S) TOTALING THE AMOUNT OF CHECK MUST BE ATTACHED.

Approved by PTO Officer _____ Date _____

For treasurer's use only

Check # _____ Date Requested _____ Deliver By _____ Confirmation # _____ Cleared _____