

**St. John's Catholic School
PTO Check Request Form
2016-2017 School Year**

Date: _____
Committee: _____
Name: _____
Email: _____
Phone: _____

Delivery of Check:

- Pick up from school office.
 Pick up at next PTO meeting.
 Mail to address specified below.
 Other (please note below).

Procedures:

Tape the invoice to the back of this sheet if applicable.

Place this completed form and invoice in an envelope addressed to PTO Treasurer, and put in the PTO mail box located in the front office. Also send a note with instructions to the PTO Treasurer by email.

Please photocopy your request and invoice for your own records.

Description of Check Request:

Amount of Check Request:

\$ _____

Name that Check should be made out to:

Address for Check to be sent to (if applicable):

Questions?

email:

Home:

Cell:

Treasurer: Jodi Lemley jodi.lemley@gmail.com