

Check Request Form

Mitchell Elementary School PTO 14 School Street Woodbury, CT 06798

Date Submitted:	
Person making request:	
Email Address:	
Telephone:	
Purpose:	
Check Amount:	
Payee:	
Payee:	nse or Vendor Invoice
Delivery instructions:	
**********	****************
Section to be completed by PTO T	reasurer
APPROVAL:	
Budget Allocation:	Expense Report or Invoice/receipt (circle one)
Prior Approval: YESNO	Notes:
Date Paid:	Check Number:
Signature:	
Signature of PTO President or Treasur	rer
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Questions? Please contact the PTO Treasurer at mespto@ctreg14.org