



OCPTO CHECK REQUEST FORM

Person Making Request: _____ Phone: _____

Event: _____ Date of Request: _____

Date Check Needed: _____

EXPLANATION OF REQUEST:

Make Check Payable To: _____ Amount: _____

Event Chairperson's Signature: _____

CHECK TO BE:

_____ Mailed – Name & Address _____
_____ Picked up at school in PTO drawer _____
_____ Sent home with child: Name & Teacher _____
_____ Other – Please Specify _____

NOTE: Forms must be completed and accompanied by receipts or quote in order for check to be issued. PTO expenses are exempt from sales tax and they will not be reimbursed or paid. Tax exempt forms are available from the PTO Treasurer.

OFFICIAL USE:

Date Check Cut: _____ Account Paid From: _____

Check Amount: _____ Check Number: _____