

DEVON PTO
CHECK REQUEST FORM

Attach all necessary receipts, if applicable. ORIGINAL receipts must be included for reimbursements. Please make a copy of your receipts for your records.

TODAY'S DATE: _____ **AMOUNT REQUESTED: \$** _____

MAKE CHECK PAYABLE TO: _____

REQUESTED BY (if different from above): _____

CONTACT INFORMATION (phone or email): _____

COMMITTEE / PURPOSE: _____

DELIVERY INSTRUCTIONS FOR CHECK:

- _____ **MAIL CHECK DIRECTLY TO VENDOR**
- _____ **DELIVER CHECK TO SCHOOL OFFICE**
- _____ **MAIL CHECK TO MY HOME ADDRESS:** _____

REQUESTER'S SIGNATURE: _____

*Completed Forms should be sent to the School Office to be placed in the PTO Mailbox:
ATTN: PTO TREASURER 400 S Fairfield Rd Devon, PA 19333*

For Treasure Use Only:	
Paid Date: _____	Check Number: _____
Category: _____	Check Amount: \$ _____
Comments: _____	

Approval: _____	