

ST. GABRIEL CONSOLIDATED SCHOOL PTO  
Check Request Form

Date \_\_\_\_\_ Submitted by \_\_\_\_\_

Phone #'s \_\_\_\_\_

PTO Committee or

Budget Line	Description of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please attach: receipts, invoices and/or other documentation of expense)

Total Amount of Check \$ \_\_\_\_\_

Please make Check payable to: \_\_\_\_\_

Please send Check to: \_\_\_\_\_

Committee Chair/Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

The PTO board needs 10-14 days to get necessary approvals of all requests to input all the necessary information into our computer system to generate checks and get all the necessary signatures on the check.

Please submit this Check Request to: Treasurer - PTO Mailbox

PTO Board use only:

Budget Item  Yes  No PTO Board Approval \_\_\_\_\_

Check Issued - Date \_\_\_\_\_ Check # \_\_\_\_\_

Posted to QuickBooks \_\_\_\_\_ By \_\_\_\_\_

SGCS PTO Check Request Form - Revised 08-09

Request Received: \_\_\_\_\_

Check Sent: \_\_\_\_\_