

# WILLIAM PENN ELEMENTARY PTO CHECK REQUEST FORM

COMMITTEE NAME: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

**\*\*Please attach all receipts and invoices. Please submit requisitions at least 7 days prior to your event.**

COMMITTEE CHAIRPERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

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## METHOD OF RETURN:

\_\_\_\_\_ Send check directly to Business (address is above in the "make check payable" section)

\_\_\_\_\_ Please send home with my child: \_\_\_\_\_  
child's name, teacher & grade

## PLEASE SUBMIT FORM TO: PTO MAILBOX/TREASURER

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PTO use only

Check #: \_\_\_\_\_ date issued: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

Budget Category: \_\_\_\_\_