

Personal Information

Name: _____ Date: _____

Phone: _____

Email Address: _____

Pickup Check Yes
in Office? No

Account Information

Fundraiser / Project: _____

Check Payable To: _____

Attach the bill that requires payment; the Treasurer will remit.

Amount \$ _____ .

PTO / Chair Approval

Date: _____

Approved By: _____
President, Co-President, Committee Chair, Committee Co-Chair

PTO Treasurer

Check No.: _____

Account #: _____