



JOHN PAUL II CATHOLIC SCHOOL  
PTO CHECK REQUEST FOR SCHOOL ORGANIZATIONS

Check Amount:

Date Needed: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Contact: \_\_\_\_\_

Requested By (Name): \_\_\_\_\_

(phone) \_\_\_\_\_

- Payment Delivery method:
- Mail to Payee
  - Pick up in office
  - Send home with child

Child's Name: \_\_\_\_\_

Grade & Homeroom: \_\_\_\_\_

Is this a PTO approved/budgeted expense? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Committee or Event:

- Altar Society
- Birthday Recognition
- Box Tops/Campbell's Labels
- Fun in the Sun Day
- Hospitality: \_\_\_\_\_
- PTO Dinner Programs
- PTO Meeting Expenses
- PTO Service project: \_\_\_\_\_
- Room Parents
- Snacks with Santa
- Spirit Store
- Teacher Gifts
- Non PTO expense
- Other: \_\_\_\_\_

Brief Description of Product or Service: If expense is for multiple events, please subtotal by event.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization

\_\_\_\_\_  
PTO President or Treasurer

\_\_\_\_\_  
Date

To be completed by Office: \_\_\_\_\_  
Check Number

\_\_\_\_\_  
Date Check Issued

ORIGINAL RECEIPTS OR INVOICES MUST BE ATTACHED TO THIS FORM IN ORDER FOR CHECK TO BE ISSUED