

Monroe PTO Check Request

TREASURER USE:

CHECK NO. _____

CHECK DATE: _____

____ Journal Recorded

Check Payable To: _____

Purpose: _____

Receipt Date

Business Name

Amount

**Special
Instructions:**

**TOTAL RECEIPTS
(Check Amount)**

Print out - Sign and turn into the PTO with Receipts

Requester Signature (& Date) _____

Funded by (select one):

____ Annual Budget item pre-approved by Executive Committee

____ Commitment approved by vote at a Monthly Meeting

____ Executive Committee Approved by vote (\$500 or Less)

____ Fundraiser Expense -- deducted from the Fundraiser Profits or Budget

____ Two Board Members (\$100 or Less)

1st Signature _____

2nd Signature _____