

Monroe PTO Funds Request Form

Treasurer Use:

Date Paid _____

Check # _____

Cash Given Journal Recorded

Check Request/Payment/Reimbursement

Committee Chairperson or Requester

Your name: _____ phone number: _____

Project Details

Committee/Project & Description of Expense(s) _____

Form of Payment

Check or Cash Advance or EFT -- Amount \$ _____ (attach receipts)

PAYEE NAME: _____

DELIVERY:

Check will be picked up

Mailing address: _____

Approval (as required by Monroe PTO BYLAWS, Article IX, Section 3)

Money withdrawn from Special Fund: Special Savings # _____

Vote by General Membership--(date of meeting) _____

Majority vote at Executive committee Meeting--up to \$500 (date of meeting) _____

Signature Procedure -- Two signatures required (up to \$100 only):

1st PTO PRESIDENT or TREASURER _____

2nd PTO OFFICER _____