



COUNTRY MEADOWS PTO CHECK REQUEST FORM

EVENT: _____

DATE CHECK NEEDED: _____

DESCRIPTION: _____

REQUESTOR'S NAME: _____

PHONE: _____ E-MAIL: _____

VENDOR NAME/PAYABLE TO: _____

ADDRESS: _____

AMOUNT: _____

**** Please staple invoice, contract or store receipt to form ****

Sales Tax will not be reimbursed unless prior approval has been received

Please submit this form and your invoice/receipts in an envelope marked

"PTO Treasurer" to the school office

OR

Please email this form and applicable documents to CM96.TREASURER@GMAIL.COM

Please contact TREASURER if you leave this form in the office.

Thank You!