

# WOODLAWN 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 – Donna Cobb" to the school office*

**OR**

*Please Use Membership Toolkit for Donna's contact info.*

*Please contact Donna if you leave this form in the office.*

**Thank You!**