## **JTM PTO Check Request Form 2018-19**

Please complete this form and attach all receipts/invoices. Return all documents to the Treasurer's Box in the JTM Main Office PTO Closet.

## \*Checks will be cut on the 10<sup>th</sup> and 25<sup>th</sup> of each month. All requests should be submitted by the 8<sup>th</sup> and 23<sup>rd</sup> to be included\*

DATE:			
PAYEE:			
AMOUNT:			
DESCRIPTION:			
These funds are alrea	dy in my budget for		
Requests for additional fund review these requests on a mo	s must be approved B nthly basis. To expedit n) or PTO Co-Presiden	ine your request for funds on the BEFORE any money is spent. te this request, please contact that Christy McGarr and Andread.	. The Executive Board will he PTO Treasurer, Becky
Invoice Due Date or Desired I	Purchase Date:		
Please select one:	Deliver	Mail	
tax. You will not be reimbur	sed for sales tax. Plea	s a non-profit organization and ase provide your vendor with to vailable in the Treasurer's Box	he appropriate tax-
SUBMITTED BY:			
	(name)	(email)	(phone)
AUTHORIZED BY:			
****PLEASE HAVE D For Treasurer's Use Only:	(name) R. HUGHES SIGN TH	E CHECK REQUEST BEFOR	(principal & PTO president) E SUBMITTING****
Check No.:	Date Paid:		
Budget Category:			