



# Crossfield Elementary School PTO Check Request

Scan and email this form and invoices to [treasurer@crossfieldpto.org](mailto:treasurer@crossfieldpto.org) or leave in PTO mailbox in CES main office.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Your Email \_\_\_\_\_

Check Payable to \_\_\_\_\_

Address Check Should be Mailed to  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ Invoice Due Date \_\_\_\_\_

Reason for Reimbursement  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:**

- ***An invoice totaling the requested check amount must be attached.***
- ***Incomplete forms or forms received without an accompanying invoice will be returned.***
- ***This form and invoices must be submitted no later than 2 weeks prior to the invoice due date.***

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PTO Use Only:

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

Included in Annual Budget -or-  Approved at Meeting (Date \_\_\_\_\_)

Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_ Mailed \_\_\_\_\_

Tax Exempt Granted: Yes \_\_\_\_\_ No \_\_\_\_\_