

# Check Request

Stewart Creek Elementary PTO

YOUR NAME:

PHONE:

(       )       -

PROJECT/CATEGORY:

DATE SUBMITTED:

/ /

DATE NEEDED:

/ /

DATE MAILED:

/ /

REASON FOR CHECK:



INCLUDED IN ANNUAL BUDGET

or



APPROVED AT MEETING  
(DATE: / / )

CHECK PAYABLE TO:

AMOUNT:

\$

ADDRESS OF PAYEE: (if no bill attached)

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

APPROVED BY (PTO OFFICER):

DATE:

/ /

APPROVED BY (PTO OFFICER):

DATE:

/ /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

# Deposit Notice

Stewart Creek Elementary PTO

YOUR NAME:

PHONE:

(       )       -

PROJECT/CATEGORY:

DATE SUBMITTED:

/       /

TOTAL AMOUNT:

\$

SPECIFIC DESCRIPTION OF SOURCE: (e.g. payments for ice cream)

Complete the following information for your deposit:

CASH	QUANTITY	TOTAL	CHECK NUMBER	CHECK AMOUNT
\$20.00		\$		
\$10.00		\$		
\$5.00		\$		
\$1.00		\$		
\$0.25		\$		
\$0.10		\$		
\$0.05		\$		
\$0.01		\$		
TOTAL CASH:		\$	TOTAL CHECKS:	\$

ACCEPTED BY (PTO TREASURER):

DATE:

/       /

For Treasurer's Use Only: Category \_\_\_\_\_ Transaction ID \_\_\_\_\_ Deposit Date \_\_\_\_\_ Logged \_\_\_\_\_

# Deposit Notice

Stewart Creek Elementary PTO

YOUR NAME:

PHONE:

(       )       -

PROJECT/CATEGORY:

DATE SUBMITTED:

/       /

TOTAL AMOUNT:

\$

SPECIFIC DESCRIPTION OF SOURCE: (e.g. payments for ice cream)

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\$1.00		\$		
\$0.25		\$		
\$0.10		\$		
\$0.05		\$		
\$0.01		\$		
TOTAL CASH:		\$	TOTAL CHECKS:	\$

ACCEPTED BY (PTO TREASURER):

DATE:

/       /

For Treasurer's Use Only: Category \_\_\_\_\_ Transaction ID \_\_\_\_\_ Deposit Date \_\_\_\_\_ Logged \_\_\_\_\_

**PTOtoday**

[www.ptotoday.com](http://www.ptotoday.com)

# Reimbursement Request

Stewart Creek Elementary PTO

YOUR NAME:

PHONE:

(       )       -

PROJECT/CATEGORY:

DATE SUBMITTED:

/ /

DATE MAILED:

/ /

REASON FOR REIMBURSEMENT:

INCLUDED IN ANNUAL BUDGET

or

APPROVED AT MEETING (DATE: / / )

CHECK PAYABLE TO:

AMOUNT:

\$

FULL ADDRESS: (Your check will be mailed to you.)

Receipt(s) totaling the amount of reimbursement must be attached.

APPROVED BY (PTO OFFICER):

DATE:

/ /

APPROVED BY (PTO OFFICER):

DATE:

/ /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_