

**PRAIRIE PTO
CHECK REQUEST FORM
2017-18 School Year**

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 – RACHEL OLSEN OR to the school office

OR

Please email this form and applicable documents to Rachel Olsen at rachelolsen17@gmail.com

Please contact Rachel Olsen if you leave this form in the office.

Thank You!