



WILLOW GROVE 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" – to the school office

OR

Please email this form and applicable documents to the Willow Grove PTO treasurer

Please contact the Willow Grove PTO Treasurer if you leave this form in the office.

Thank You!