

Check Request / Invoice Payment Form

Folger McKinsey PTO



Requested By		Payment Details	
Name		Date Submitted	/ /
Phone #	() -	Date Needed	/ /
Committee		Payment For (select one)	
Event (if applicable)		<input type="checkbox"/> Prepay for Goods / Services (Details Attached)	
Reason for Check		<input type="checkbox"/> Invoice Payment (Invoice Attached)	
Other Comments		<input type="checkbox"/> Other -- Explain:	
Amount	\$		
Payable To		Payment Method (select one)	
Contact		<input type="checkbox"/> Mail Check Directly to Payee	
Company		<input type="checkbox"/> Return Check to Requestor	
Address (if no bill attached)		<input type="checkbox"/> Other -- Explain:	
City, State, Zip			
Additional Notes or Instructions to Treasurer			

Below To Be Completed By PTO Board Member

Expense Authorized By			
Name		Position	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET or <input type="checkbox"/> APPROVED AT MEETING (DATE: / /)			
Approved for Payment by Treasurer		Approved for Payment by President or VP Finance	
Signature		Signature	
Name	Sandy Gaudet	Name	Maureen Whittington / Susan Hartley
Date	/ /	Date	/ /

For Treasurer's Use Only:

Date Mailed: / /

Check #: _____

Check Date: / /

Category: _____

Logged: _____