

Parker Woods Montessori PTO

CHECK REQUEST FORM

REFUNDS will not be provided if PTO/FOUNDATION has not PRE-APPROVED reason/s for purchase.

| | |
|---|---|
| PAYMENT DUE: | AMOUNT: |
| CHECK PAYABLE TO (name and address): _____ _____ _____ | Other funding? _____ <input type="checkbox"/> Give check to _____ <input type="checkbox"/> Mail by / / _____ (date) |
| DETAILED DESCRIPTION: _____ _____ _____ _____ | |

PLEASE ALLOW 5 BUSINESS DAYS ONCE REQUEST IS APPROVED.

Treasurer Signature

Check #

Date