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? _____ ☐ Give check to _____ ☐ Mail by / / _____ (date)
DETAILED DESCRIPTION: _____ _____ _____ _____	

PLEASE ALLOW 5 BUSINESS DAYS ONCE REQUEST IS APPROVED.

_____ _____ _____

Treasurer Signature Check # Date