

**St. Louis de Montfort  
Check Request  
PTO**

**Attach any supporting documentation, such as receipts, invoices, packing slips, confirmations, etc.**

Date Check Needed: \_\_\_\_\_  
(Please submit 2 weeks prior to date check is needed)

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

Check here if this is a new address

Ministry	2	School
Program	290	PTO
Activity		
General Ledger Account #:		See Chart of Account Codes

Amount: \$

Description of Expense: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by\*: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Must be approved by the PTO treasurer and Principal before submitting to Accounting. Thank you!

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_