



Check # _____
Date _____
Budget Classification _____
<i>for Treasurer's use only</i>

**ST. MONICA SCHOOL
PTO CHECK REQUEST
2021 – 2022 SCHOOL YEAR**

Date _____ Amount \$ _____

Treasurer to Mail

Place in PTO Folder

Payable to _____

Address _____

City/State/Zip _____

Requested by _____

Email _____

Committee Name/Event _____

Description of Expense _____

Approval required: No receipts or backup, all cash requests, checks over \$150:

President: _____

Treasurer: _____

- Note:
- 1) Attach all receipts or invoices to the back of the check request form.
 - 2) **Sales tax will not be reimbursed.**
 - 3) Tax Exemption Certification forms are available from the Treasurer, stmonicaptreasurer@gmail.com

Please allow up to 30 days for reimbursement. Thank you for your support!