

**St. Anastasia School
Parent Teacher Organization**

CHECK REQUEST

Date of expenditure _____

V.P. Department _____

Committee _____

Committee Chairperson _____

PTO member submitting this Check Request _____

Brief description of items/services purchased or to be procured
[Note: All receipts **MUST** be attached with this Check Request]

Check to be issued to: _____

Mailing Address: _____

Total amount requested _____

Signature of Applicant _____

Signature of V.P. approving this expenditure _____