

PARKWAY PTO CHECK REQUEST FORM



1. PLEASE ATTACH **ORIGINAL RECEIPT(S)** OR **ORIGINAL INVOICE(S)** TO CHECK REQUEST FORM.
2. PLEASE ENCLOSE AN **ADDRESSED ENVELOPE** IF YOU WANT THE CHECK TO BE MAILED. ALL CHECKS WITHOUT AN ENVELOPE WILL BE AVAILABLE FOR **PICKUP** AT THE NEXT SCHEDULED PTO MEETING.
3. PLEASE USE THE PARKWAY PTO **TAX EXEMPT #222313277**. NO SALES TAX WILL BE REIMBURSED.
4. PLEASE KEEP THE TOP PORTION FOR YOUR RECORDS.
5. **YOU MUST SUBMIT YOU REQUEST FOR REIMBURSEMENT WITH 30 DAYS, REIMBURSEMENTS BEYOND 30 DAYS MUST HAVE PTO PRESIDENT APPROVAL**

PTO EVENT/COMMITTEE:	
DATE REQUESTED:	AMOUNT REQUESTED: \$
MAKE CHECK PAYABLE TO:	
REASON(S) FOR REQUEST:	
REQUESTED BY:	
PHONE #:	ENVELOPE ATTACHED: YES NO

* PLEASE BE SURE TO SUBMIT THIS FORM TO THE PTO TREASURER

PARKWAY PTO CHECK REQUEST FORM

PTO EVENT/COMMITTEE:	
DATE REQUESTED:	AMOUNT REQUESTED: \$
MAKE CHECK PAYABLE TO:	
REASON(S) FOR REQUEST:	
REQUESTED BY:	
PHONE #:	ENVELOPE ATTACHED: YES NO