

MADISON AVENUE UPPER ELEMENTARY

PTO

CHECK REQUISITION FORM

YOUR NAME _____

PHONE NUMBER _____

PAYEE ON CHECK _____ (WHO THE CHECK SHOULD BE WRITTEN TO)

ADDRESS FOR CHECK TO BE MAILED _____

OR

CHILD'S NAME AND TEACHER TO BE FORWARDED THROUGH _____

Any amount over \$500 must have prior approval from the Executive Board

PLACE OF PURCHASE	REASON FOR PURCHASE	DATE	AMOUNT

Please attach receipts

TOTAL \$ _____

APPROVED: _____

DATE PAID: _____

CHECK # _____

