



**CHAGRIN FALLS PTO  
CHECK REQUEST FORM  
(For PTO Volunteers)  
2016-2017**



**IMPORTANT!**

- Be sure to attach documentation such as invoices or receipts to this form.
- It is your responsibility to obtain 2 building reps or executive officers signatures
- Please note sales tax will not be reimbursed, use tax exempt number if applicable.

Date of request \_\_\_\_\_ Date needed \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Send check to (if different than above): Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of request \_\_\_\_\_

Account(s) to be charged \_\_\_\_\_ (ask Treasurer if not sure)  
\_\_\_\_\_

Event/Reason for purchase \_\_\_\_\_

Description of Expenditure \_\_\_\_\_  
\_\_\_\_\_

Approved by 1) \_\_\_\_\_ Date: \_\_\_\_\_

2) \_\_\_\_\_ Date: \_\_\_\_\_

**TREASURER'S USE ONLY**

Invoice # \_\_\_\_

Check # \_\_\_\_

Date Paid \_\_\_\_\_

**SEND OR GIVE THIS FORM TO:**

Sarah Kostura  
shkostura@gmail.com  
106 Spring Drive  
Chagrin Falls, OH 44022  
Phone: 440-557-5313