

CHAGRIN FALLS PTO
CHECK REQUEST for PTO VOLUNTEERS
2018-2019

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 _____ (if unsure, ask Treasurer)

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:

Mia Benschath
Miacran1@yahoo.com
6435 Chagrin River Road
Chagrin Falls, Oh 44022
Phone (440) 318-1867