



**CHAGRIN FALLS PTO
CHECK REQUEST FORM**
Major Grants (over \$500)
2018-2019



IMPORTANT

- Attach all documentation such as invoice or receipts to this form
- Please note sales tax is not reimbursed.

Name of approved grant _____

Date of request _____

Date needed _____

Name _____

Phone _____

Address

Send check to (if different from above)

Name _____

Address

Amount of request _____

TREASURER'S USE ONLY

Invoice # _____

Check # _____

Date paid _____

SEND THIS FORM TO:

Shannon Hoch, Treasurer
1370 Bell Road
Chagrin Falls, OH 44022
Shoch1370@gmail.com