



**CHAGRIN FALLS PTO
CHECK REQUEST FORM
(All Major Grants over \$500)
2016-2017**



IMPORTANT!

- Be sure to attach documentation such as invoices or receipts to this form.
- Please note sales tax is not reimbursed.

Date of request _____

Date needed ____

Name _____

Phone # _____

Address _____

Send check to (if different than above): Name _____

Address _____

Amount of request _____

Name of approved Grant _____

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