

Crocker/Riverside PTO

CHECK REQUEST FORM

Grade

Please attach the invoice to the back of this form.

Date submitted: _____ Deadline for check: _____

Name of teacher requesting check: _____

Name of vendor for the check: _____

Yes, I want the check mailed directly to the vendor.

Address: _____
(Please provide the vendor's address if you prefer to have the check mailed.)

No, I do not want the checked mailed. Please return to my school mail box.

Total Amount: \$ _____

Provide info on the best way to reach you.

Phone: _____

Email: _____

Category: Classroom Expenses ***OR*** Grade Level Enrichment

Please help us tell the PTO Membership how this money benefits you and the students:

Number of students: _____

Purpose: _____
(Field trip, in-class enrichment...etc.)

Brief (1-2 sentence) description of event, activity, expenditure:

Any other notes or special instructions: _____

*QUESTIONS? Please call Joe Delgado at 916.642.5447
or email ptatreasurer@crockerriverside.org*