

Check Request

Russell Elementary PTO

Submitted by: _____

Phone Number: _____

Date: _____

Amount Needed: _____

Reason: _____

Need Check by: _____

Please Send Check: (select one)

_____ Directly to Payee – Invoice Attached

_____ By Way of My Child – Name & Teacher _____

_____ By Mail to Me – Address: _____

**Please attach all receipts and documentation to support this request for reimbursement.
If you have any questions, please contact Ann Conca at (610) 356-5399 or vaconca@comcast.net**

For Treasurer's Use Only:

Check # _____

Date _____

Category _____