

Shenandoah Valley PTO

Request for Funds

(Staff, PTO Board Members and Committee Chairs)

Complete this form – attach **INVOICE** or **RECEIPT** (required) – and put in PTO box in mailroom

Authorized requestor's name: _____

Today's date: _____

Check needed by (date): _____

Amount (**sales tax excluded**): \$ _____

Make check payable to: _____

Payee address: _____

Signature of Committee Chair or Board member: _____

Note: If you are NOT a Committee Chair – please give this form to the appropriate Chairperson for authorization. Any forms not submitted by a chairperson or PTO board member will be returned.

What was/will be purchased (be as detailed as possible):

Check should be sent to: ____ Payee ____ Requestor

Contact Michele Duvall (PTO Treasurer) at mduvall@ahcpa.com if you have questions.