

PTO Pay Request Form

Holy Family Catholic School PTO

Payable to:	
Address:	
Date Due:	

<i>Item No.</i>	<i>Amount Requested</i>	<i>Notes (Explanation)</i>
TOTAL:		

Classroom Info
Comments
Instructions

<i>Requested by:</i>		<i>Approved By:</i>	
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***Receipts or invoices must be attached to this sheet.
Reimbursements must be submitted within
30 days of event.***