



GOSHEN ELEMENTARY SCHOOL PTO PTO CHECK REQUEST FORM

101 District Drive
Edwardsville, IL 62025
Phone: (618) 655-6250
Fax: (618) 659-9960
www.ecusd7.org/goshen

For PTO Use Only:

Check Number: _____

Date Paid: _____

Date Requested: _____

Committee: _____

Submitted By: _____

Chair Approval: _____

Phone #: _____

Reason for Purchase:

Name of Payee: _____

Address of Payee: _____

Expense Description: _____

Amount: _____

Budget Line Item: _____

Expense Description: _____

Amount: _____

Budget Line Item: _____

Expense Description: _____

Amount: _____

Budget Line Item: _____

Expense Description: _____

Amount: _____

Budget Line Item: _____

Expense Description: _____

Amount: _____

Budget Line Item: _____

Expense Description: _____

Amount: _____

Budget Line Item: _____

Total Due: _____

PTO Approval:

1) _____ Date Approved: _____

2) _____ Date Approved: _____

IMPORTANT:

1) Please attach copies of all receipts. The Goshen Elementary School PTO is a tax-exempt organization. Please obtain and use a tax-exemption letter when purchasing items on behalf of the PTO. The PTO does NOT reimburse for sales taxes.

2) Check requests must be in support of purchases made for budgeted activities (either through formal budget line item or through approved use of PTO reserve.