

C.T. Walker Traditional Magnet School PTO, Inc. Purchase Request Form



REQUESTER FILLS IN THIS SECTION:

Email: *walkerpto@rcboe.org*

Date of Request: _____

Person Requesting: _____

Make Check Payable To: _____

Amount of Check \$: _____

Purpose of Check: _____

Signature of Requester: _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur purchase expenses personally.

*****Signature of PTO President or Vice-President is required before Treasurer will issue check.*****

Disapproval/Approval: _____ **Date:** _____

(circle which applies)

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FOR TREASURER'S USE ONLY:

Date Issued _____ **Check No.:** _____

Charged to Which Budget Item: _____

Comments: _____

Treasurer's Signature _____