

P.T.O. FUNDS DEPOSIT/WITHDRAWAL REQUEST FORM

To: Cindee Martorano, P.T.O. Treasurer Date: _____

From: _____ Phone: _____

Student/Teacher: _____

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PLEASE COMPLETE THIS SECTION IF YOU HAVE COLLECTED MONEY FROM A FUND RAISER OR P.T.O. ACTIVITY:

Name of Fund Raiser: _____

| | | | |
|-------------------|--------------|----|-------|
| Amount Collected: | Currency | \$ | _____ |
| | Coins | | _____ |
| | \$ | | _____ |
| # of checks _____ | Checks | \$ | _____ |
| | TOTAL | \$ | _____ |

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PLEASE COMPLETE THIS SECTION IF YOU NEED P.T.O. FUNDS REIMBURSED TO YOU:

Please attach receipts or invoices when requesting reimbursement. The P.T.O. is a Tax Exempt Organization therefore; **Sales Tax will not be reimbursed.**

Check Requested: Date Needed: _____

 Payable To: _____

 Amount: \$ _____

 Reason: _____

PLEASE ALLOW 5 DAYS FOR THE DRAFTING OF CHECKS



FOR TREASURER'S USE ONLY:

Amt. of Deposit: \$ _____ Date Deposited: _____

Amt. Dispersed: \$ _____ Check # _____ Date: _____

Budget Category: _____