

PTO PAYMENT REQUEST FORM

DATE: _____

MAKE PTO CHECK PAYABLE TO: _____

AMOUNT: _____

DESCRIPTION OF ITEM(S) PURCHASED: _____

REQUESTOR: _____

SIGNATURE OF REQUESTOR: _____

****Please attach supporting documents to payment request form (receipts, invoices, etc.).**

****Return payment request form to Treasurer's folder for payment (Shelli Willcoxon 763-9865).**