



DCES PTO CHECK REQUEST FORM

Requested by: _____ Date: _____

Check one Parent Faculty

Date Due: _____

Requestor's preferred form of contact (email, phone): _____

Make Check Payable to: _____ Amount Due: _____

Address: _____

Check one: Return to Requestor
 Mail Directly to Recipient

Special Instructions:

Event Category
(choose one):

- | | |
|---|--|
| <input type="checkbox"/> Administrative PTO | <input type="checkbox"/> Scholastic Books |
| <input type="checkbox"/> Art Masterpiece | <input type="checkbox"/> School Promotions |
| <input type="checkbox"/> Artist in Residency | <input type="checkbox"/> School Spirit Wear |
| <input type="checkbox"/> Birthday Book Club | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Classroom supplies (TEACHERS) | <input type="checkbox"/> Student Directory |
| <input type="checkbox"/> Fall Fest | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Family Fun | <input type="checkbox"/> 5 th Grade Celebration |
| <input type="checkbox"/> Grade Reimbursement (TEACHERS) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Helping Hands | |
| <input type="checkbox"/> Hospitality | |
| <input type="checkbox"/> New Parent Group | |

Description:

Please attach all receipts and invoices.

Return to: Co-Treasurers: Debbie Conner (480)614-3787 (dconner8888@gmail.com)
Kelly Conner (480)538-7966 (kconner@alliancebankofarizona.com)

For office use only: Check# _____ Amount \$: _____ Date: _____

For official use only: Check# _____ Amount \$: _____ Date: _____