



FIVE OAKS PARENT TEACHER ORGANIZATION
REQUEST FOR PAYMENT FORM

Request Date: Request Amount: \$

Requested by:

Make check payable to:

Place in school mailbox Deliver in person Mail to address below:

Mailing address:

Description of Purchase:

Reason for Purchase:

Approved by:

(Signature of Committee Chairperson or FOPTO Officer)

Printed Name and Date:

ATTACH ALL RECEIPTS AND/OR DOCUMENTATION

Area Below for PTO Treasurer Use

Check #: Amount: \$ Date Issued:

Expense Category:

- Administrative Expenses Website Fees
Corporation Filing Fee PTO Insurance
Staff Appreciation Miscellaneous Admin. Costs
Teacher Retirement Gift Art Literacy
Eighth Grade Celebration Blazer Night
Fundraiser Expense Spring/Fall Grant: RFF#
Other