



Victory Elementary PTO
Grade Level Grant Check Request

Use this form to submit payment directly to a Provider from the PTO

Your Name: _____ Grade Level: _____

Project: _____

Date Submitted: _____

Date Needed: _____

Reason for Check: _____

Amount: \$ _____

Check Payable to: _____

Address of Payee: _____

Attach the bill to this form and the Treasurer will mail it.
Obtain appropriate handwritten signature below prior to submitting to Treasurer:

Approved by _____ Date _____
 (PTO Officer/ Committee Chair)

Approved by _____ Date _____
 (Principal)

TEAM Initials: _____

For Treasurer's Use Only

Accepted by _____ Date _____
 (PTO Treasurer)

Account	Check #	Dated	Total Check Amt	Logged
Notes				