

**St. Charles Borromeo PTU
Check Requisition**

Committee: _____

Date: _____

Pay to the Order Of: _____

Amount: \$ _____

Explanation of Activity Expenditure: _____

Detail of Items Purchased:

Date	Where Purchased	Item	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check requested by: _____

Receipts Attached Yes No (state reason)

****NOTE: All receipts must be attached to this request. If there are no receipts available or this payment will exceed the budgeted amount by \$20.00 or greater, this request must be signed by the PTU President.***

President's Signature: _____ Date: _____

To Be Completed by the Treasurer:

Check Number(s): _____ Amount(s): _____ Date Issued: _____

Issued By: _____