

PTO FUNDS TRANSACTION REQUEST FORM Catherine Braude / 847-924-7577 Email: byrdptotreasurer@gmail.com

Today's Date:		Your Name:	
Your Phone	e # / Email: ()	<i>I</i>	
Fundraiser / Activity: DEPOSIT REQUEST			
			Currency:
Coins:			
Checks:		Total # of Checks:	
Total:	\$		
Che	eck here if this is a Cash Box Depos	it (Cash boxes must be a separate deposit from event proceeds!)	
REIMBURS	EMENT or DISBURSEMENT REQUE	ST ~ PLEASE ALLOW <u>5 DAYS</u> FOR ISSUANCE	
Check Req	uest (Funds will NOT be disbursed i	if receipts/invoices are not attached)	
Amount:	\$		
Payable to:			
Reason:			
Cash Box F	Request (Given in \$10s, \$5s, \$1s and	d quarters)	
Amount: \$		Date Needed:	
Special Der	nomination Request:		
FOR TREA	SURER USE ONLY:		
Date o	of Deposit:	Amount of Deposit: \$	
Check	: #: Check Date:	Check Amount: \$	
Budget Cate	egory: I / E		
W9 Form or	n File: Y / N 1099 Form R	Required: N / Y Date issued:	