



Budget Distribution Request

Please complete the following and submit to the PTO. Please allow 2-4 weeks for the check allocation:

Name:	Date Submitted:
Budgeted Item:	Amount:
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total:	\$
Check Payable to:	
Address of Payee:	

Approved by (PTO Officer):	Date:
Approved by (PTO Officer):	Date:

For Treasurer's Use Only:			
Category _____	Check # _____	Dated: _____	Logged: <input type="checkbox"/>
<input type="checkbox"/> Included in Annual Budget	OR	<input type="checkbox"/> Approved at meeting Date:	