Good Shepherd Catholic School
Check Request

Check request for: Date:_____

_____ Reimbursement

_____ Bill to be paid by _____.
(Date)

Group Responsible for Paying:

_____ School

_____ PTO

Department for Expense: _____
(i.e. teacher appreciation, Fall Carnival, etc.)

Requestor:_____

Phone Number:_____

Expenses: (please attach receipts or invoice, no checks will be paid without this documentation)

Items: Amount:

_____

_____

_____

_____

_____

_____

_____

Total Amount: _____

Approved by: (three signatures required for all PTO projects)

PTO Board Member:_____

PTO Board Member:_____

Principal:_____

Date Paid: _____

Check #:_____