



Check # \_\_\_\_\_

Date Pd \_\_\_\_\_

Check \$ \_\_\_\_\_

## Flagstaff Academy PTO Payment Request Form

Use this form to request a check or electronic payment to:

- Pay a PTO vendor directly
- Reimburse an individual for PTO expenses

**Vendor quote, purchase order or receipts(s) MUST be attached.**  
**All requests must be within 30 days of event and prior to June 30, 2021.**

Today's date: \_\_\_\_\_

Person requesting check: \_\_\_\_\_

Date check needed: \_\_\_\_\_ Check amount \$: \_\_\_\_\_

**Please complete the information below based on your preferred method of payment.** Note: electronic payments cannot be made to businesses.

### Method 1: Physical Check

Payee Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Method 2: Electronic Payment (individuals only)

Payee Name: \_\_\_\_\_

Email Address or Cell Phone #: \_\_\_\_\_

You will receive an email or text message notification from Elevations Credit Union allowing you to securely provide your banking information directly. If you do not wish to provide this information, please opt for physical check.

Committee to be charged (ex: Hospitality): \_\_\_\_\_

Explanation of expense: \_\_\_\_\_

Chair or Treasurer approval: \_\_\_\_\_

Return this form to PTO Treasurer: Katie Trader by leaving it in the PTO lockbox to the left of the front entrance OR by scanning or taking a picture of this form & the receipts then emailing to [kttrader@flagstaffacademypto.org](mailto:kttrader@flagstaffacademypto.org).