



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, 2022.

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 a 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.