

## OX RIDGE PTO CHECK REQUEST FORM

Person Requesting: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

(If personal reimbursement, please put your name and address below)

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Check Amount \_\_\_\_\_

Committee to be charged (i.e., Outfitters, Encouragement, etc.):

\_\_\_\_\_

Please include invoices/receipts with this form and email to the following:

[oxptotreasurer@gmail.com](mailto:oxptotreasurer@gmail.com) and cc [carol.elaine.kennedy@gmail.com](mailto:carol.elaine.kennedy@gmail.com)

Alternately, you can put a hard copy of the request with attached invoices/receipts in the treasurer folder in the PTO box in the school office or send to my home address in the directory.

Thank you,

Carol Kennedy

646-244-4703