

Swallow Union Elementary PTO

Vendor Payment Request Form

Use this form to request that the PTO directly pay a vendor for approved expenses.

Your Name	Phone	Email Address
Event Category # &/or Name	Vendor Name	Invoice Number(s)
Date Submitted Date Needed	Check one: <input type="radio"/> Enrichment Program <input type="radio"/> PTO Event/Fundraiser <input type="radio"/> Other (specify below)	Check one: <input type="radio"/> Included in annual budget <input type="radio"/> Approved at PTO meeting (mtg date:)
Description of Expenses		
Make Check Payable to		Total Invoiced Amount
Full Mailing Address of Payee		

All vendor payment requests must have invoice(s) attached.

Principal Approval (only if Enrichment Prog not in annual budget)	Date
PTO President Approval	Date
PTO Treasurer's Initials	Date
Date Check Mailed / Online Bill Pay Initiated	Check # / Date of Online Check

Email completed form along with invoices to swallowunionpto@gmail.com with "Vendor Payment Request" in the subject line, or drop in the PTO mailbox at the school office.