

## ST. DIDACUS SCHOOL PTG CHECK REQUEST

DATE: \_\_\_\_\_

EVENT: \_\_\_\_\_ EVENT CHAIR: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Make Check Payable To:

Company Name: \_\_\_\_\_

Contact Name at Company: \_\_\_\_\_

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

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Social Security or Tax Identification No. \_\_\_\_\_

(This is needed for any check over \$600.00)

Description of item/services to be paid for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check will be picked up in the office \_\_\_\_\_  
(Please indicate who will pick it up)

\_\_\_\_\_ Please send check home with \_\_\_\_\_  
Child's name & grade

\_\_\_\_\_ Please mail check directly to payee

Requested by: \_\_\_\_\_ Phone No. \_\_\_\_\_

PTG Authorization: \_\_\_\_\_

Principal Authorization: \_\_\_\_\_

**FOR PTG USE ONLY:**

**Date Issued:** \_\_\_\_\_ **Check No.** \_\_\_\_\_

**Issued by:** \_\_\_\_\_