

# St. John Fisher PTC Request for Check

Payable To:

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

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

City/State/Zip: \_\_\_\_\_

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

*Explanation of Payment*

*Amount:*

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

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

Treasurer's Use Only:

Date Paid \_\_\_\_\_

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

(if applicable)

**TOTAL:** \_\_\_\_\_

Special Instructions or additional information:

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

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

General Information:

For reimbursement you **Must** attach a receipt of payment.

Place request along with receipts in Treasurer's drawer in the school office.

For any questions please feel free to contact Kirsten Larsen (503) 705-1565

Email: [larsenclark@msn.com](mailto:larsenclark@msn.com)